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THE

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THE LANCET.

Vol. I.—No. 1.] LONDON, SUNDAY, October 5, 1823. [*Price 6d.*

PREFACE.

It has long been a subject of surprise and regret, that in this extensive and intelligent community there has not hitherto existed a work that would convey to the Public, and to distant Practitioners as well as to Students in Medicine and Surgery, reports of the Metropolitan Hospital Lectures.

Having for a considerable time past observed the great and increasing inquiries for such information, in a department of science so pre-eminently useful, we have been induced to offer to public notice a work calculated, as we conceive, to supply in the most ample manner, whatever is valuable in these important branches of knowledge ;—and as the Lectures of Sir Astley Cooper, on the theory and practice of Surgery, are probably the best of the kind delivered in Europe, we have commenced our undertaking with the introductory Address of that distinguished professor, given in the theatre of St. Thomas's Hospital on Wednesday evening last. The Course will be rendered complete in subsequent Numbers.

In addition to Lectures, we purpose giving under the head, Medical and Surgical Intelligence, a correct description of all the important Cases that may occur, whether in England or on any part of the civilized Continent.

Although it is not intended to give graphic representations with each Number, yet, we have made such arrangements with the most experienced surgical draughtsmen, as will enable us occasionally to do so, and in a manner, we trust, calculated to give universal satisfaction.

The great advantages derivable from information of this description, will, we hope, be sufficiently obvious to every one in the least degree conversant with medical knowledge ; any arguments, therefore, to prove

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these are unnecessary, and we content ourselves by merely showing in what directions their utility will be most active: To the Medical and Surgical Practitioners of this city, whose avocations prevent their personal attendance at the hospitals—To Country Practitioners, whose remoteness from the head quarters, as it were, of scientific knowledge, leaves them almost without the means of ascertaining its progress—To the numerous classes of Students, whether here or in distant universities—To Colonial Practitioners—And, finally, to every individual in these realms. Consequently, we shall exclude from our pages the semibarbarous phraseology of the Schools, and adopt as its substitute, plain English diction. In this attempt, we are well aware that we shall be assailed by much *interested* opposition. But, notwithstanding this, we will fearlessly discharge our duty. We hope the age of "*Mental Delusion*" has passed, and that mystery and concealment will no longer be encouraged. Indeed, we trust that mystery and ignorance will shortly be considered synonymous. Ceremonies, and signs, have now lost their charms; hieroglyphics, and gilded serpents, their power to deceive. But for these, it would have been impossible to imagine how it has happened that medical and dietetical knowledge, of all others the most calculated to benefit Man, should have been by him the most neglected. He studies with the greatest attention and assiduity the constitutions of his horses and his dogs, and learns all their peculiarities; whilst of the nature of his own he is wholly uninformed, and equally unskilled as regards his infant offspring. Yet, a little reflection and application would enable him to avert from himself and family half the constitutional disorders that afflict society; and in addition to these advantages, his acquirements in Medical learning would furnish him with a test by which he could detect and expose the impositions of ignorant practitioners.

In conclusion—we respectfully observe, that our Columns will not be restricted to Medical intelligence, but on the contrary we shall be indefatigable in our exertions to render "THE LANCET" a complete Chronicle of current Literature.

SURGICAL LECTURES.

Theatre, St. Thomas's Hospital,
WEDNESDAY EVENING,
Oct. 1, 1823.

AT half-past Seven this Theatre was crowded in every part, by upwards of four hundred Students, of the most respectable description; in fact we never before witnessed so genteel a Surgical class: the sight was most pleasing, for they all appeared gentlemen of cultivated manners and good education.

About Eight o'clock, Sir ASTLEY COOPER arrived, and was received with the most enthusiastic applause; when it had ceased, this distinguished Professor commenced his discourse by observing,—That, while it is the province of the Physician to attend to internal diseases, it is the duty of the Surgeon to attend to those that are external; to perform operations for the removal of diseased parts; and to know how to regulate the system by the use of medicine, when local diseases are produced by constitutional derangement. Surgery is usually divided into the Principles and Practice. The first are learned from observations on the living when diseased, by dissection of the dead, and by experiments made on living animals. Our deductions from these sources, furnish us with the means of knowing a malady by its symptoms, the alteration of structure in a part when diseased, and the various ways in which *Nature* attempts the reparative process, both to external and internal parts. A man who has seen much of morbid preparations, possesses great advantages; but his knowledge cannot be perfect unless he has frequently seen the subject under dissection, in which he must himself have assisted. In the surgical science hypothesis should be entirely discarded. And sound theory, derived from actual observations and experience, alone encouraged. The first is an ignis fatuus that is sure to mislead; the last a polar star, a never failing guide. Experiments on living animals have been found of the greatest utility in directing us to a knowledge of the means by which Nature acts in the reparation of injuries, and in the restoration of lost parts. Thus the method she would adopt in uniting a fracture in the bone of a dog, will show you the manner in which union would happen in the fracture of a

bone in man; the secretion of ossific matter by the blood-vessels being in each case precisely the same.

In the practice of Surgery, there are also many essential qualities requisite on the part of the Surgeon. The first of which is, neatness in the application of his remedies; for awkwardness in this respect will frequently injure his professional prospects—the patient and his friends will often judge of a man's skill by his manner of bleeding, or from the application of a bandage; and as it is sometimes expressed, "the hand spoils the head."

The next is, gentleness of manner; patients having a natural dislike to operations, feel still more uneasy if they discover any thing in their practitioner's behaviour that makes them apprehend rough treatment.

Violence, in all cases bad, is in some attended by fatal consequences.

Some years since, Sir Astley was invited by a Surgeon to see a patient who had a compound dislocation of the ancle joint: there existed a considerable degree of pain and inflammation; the Surgeon at once suddenly introduced a probe, raised some of the parts by it, and his Latin being as bad as his Surgery, said, with the utmost coolness, *Delenda est Carthago!* "Carthage must fall!" Thereby implying that amputation must be performed; indeed, from the rough manner in which he treated his patient, there seemed no other chance for the poor fellow's recovery. In this case gentleness might have prevented such an unpleasant circumstance.

But the quality which is considered of the highest order in surgical operations, is self-possession; the head must always direct the hand, otherwise the operator is unfit to discover an effectual remedy for unforeseen accidents that may occur in his practice. Without this quality a man may do well enough in ordinary cases, but can do little on sudden emergency; it inspires confidence, and almost ensures success of the operation. These qualities forward the interest of professional men, whilst they diminish the sufferings of human nature. Patients generally form an opinion of a Surgeon's ability by his manner: if he be of a dry, morose turn, he is apt to alarm not only the patient, but his whole family; whereas, he who speaks kindly to them, and asks for particular information, is supposed to

have more knowledge, and receives more respect.

In all cases it is the duty of the Surgeon, never to advise an operation, unless there is a probability that it will be attended with success: he should here, as in every instance, do to others as he would have others do unto him. Let it be always remembered, that operations cannot be *safely* undertaken by any man, without his possessing a thorough knowledge of anatomy. This is the real groundwork of all Surgical science: it has ever been found that half-anatomists, are bungling practitioners; ignorance here, as it always does, gives confidence without power. But it is consolatory to know, that the human frame is better understood at the present epoch by *Students*, than it was forty years ago by *Professors*. With us, the march of improvement has been most rapid; and it has principally arisen from the assiduity with which the modern Surgeons have pursued their dissecting-room avocations. A few years since, all operations were attended with hazard; those now undertaken commonly do well: this can only be explained by our increased information. An old Surgeon, now deceased, said, "that operations for extracting stones from the bladder, put him in mind of sailing between Scylla and Charybdis." It was replied, "that by not attempting them was certainly resigning his patients to Scylla!!" 'Tis true, these operations require the most perfect anatomical skill; as do those for hernia, aneurism, and fractures of the bones of the head, attended with depression. Anatomy likewise teaches how to discriminate disease; in this lies more than half the cure. From a want of it, dislocation frequently cannot be detected; whereby the patient may become miserable for life, and the reputation of the Surgeon for ever destroyed. Sir Astley observed, that some years since one of the profession called on him, whom he had long known, but had not seen for many years. Sir A. naturally inquired after his progress. He replied, that his life had been like April, sometimes sunshine, sometimes rain. Sir A. rejoined, "How so? you have brought up a family genteelly, and have a respectable practice, I understand." "True, (said he) but a circumstance occurred some time ago that has given me much uneasiness; I was called to attend a case of dislocation at the shoulder joint, but it so happened that I could not discover it; after attend-

ing him for a considerable time, another Surgeon was requested to see him, who at once pronounced the bone to be out, which in reality was the case, for in a very short time he reduced it. When the man recovered, he brought an action against me, and I had to pay two hundred pounds damages, and the law expenses cost me two hundred pounds more. The loss of the money I did not feel, but I have severely felt being pointed at as an ignorant man."

A few years ago, one of the dressers in this hospital wished very much to perform an operation; and he turned his attention to the surgery boy, who had a bad leg, and said to him one day, "Abraham, I should like to cut off your leg."—"Indeed!" said Abraham, "I should not like it."—"Oh," said the dresser, "it will never be of any use to you, in its present state, and therefore you had better be without it. I will take a lodging for you; I will give you some money, and you shall be well attended." The boy's scruples were overcome; he took the money, went to the lodging; all was fixed, and the operator began; but finding a great discharge of blood, he cried out to his assistant—"Screw the tourniquet tighter." He obeyed; but in doing so the screw broke, and at this unforeseen accident, the dresser lost all presence of mind; he jumped about the room, then ran to the sufferer, and endeavoured to stop the effusion of blood by compressing the wound with his hand, but in vain; his sleeve became filled with blood, and poor Abraham would have died in a very short time, had not a pupil accidentally called, who had the presence of mind to apply the key of the door to the femoral artery, and, by compressing it, stopped the bleeding, and thus gained time for the application of another tourniquet.

Some years ago, one of the dressers at Guy's Hospital, in bleeding a man, punctured the artery that lay under the vein (a situation in which he ought not to have bled), and before the blood could be stopped, the person lost thirty-seven ounces. One of the Surgeons cut down upon the artery at the elbow, and secured it. In doing this, he divided the principal veins; inflammation and mortification came on, and death soon followed.

I bring forward these examples to impress upon your minds the imperative necessity that exists for making yourselves well acquainted with anatomical science. By this it is that you must lay the

foundation for future advancement; and without which you cannot conscientiously discharge your duty to society.

The parts of the body most essential to be particularly studied are, the brain, bones, arteries, veins, nerves, and joints. To each of these you must pay particular attention, and make yourselves well acquainted with their form, situation, and functions; otherwise you will only be exposed to ridicule, and perhaps worse, if, in your practice, you should be ignorant of the nature of these structures. You should know the nature of the machine well, or how can you pretend to repair it? If you have a watch injured, you will not give it to a tinker to repair—you will get the best watchmaker you can to set it right. How, then, can it be supposed that the finest and most perfect organization we know of should be consigned to the hands of unlearned persons, when out of order? Mistakes of this kind do, it is true, sometimes happen, but much less often now than formerly. When you dissect, do not attack all the parts at once. The best plan is to take the portion that you are examining to your room, and keep it by plunging it in alcohol. Inspect it with care, and note down your observations. By this means a head will occupy you for six weeks very advantageously.

Physiological knowledge, said the learned Lecturer, is of the utmost importance to the profession of Surgery; this gives you a knowledge of the healthy functions, and thereby makes you better able to understand the nature of diseased action. "This," said he, "was the rock on which Hunter stood, admired by the wise, and abused by the ignorant: indefatigable in his research, he omitted no opportunity of exploding false theories, and substituting for them true science, founded on facts established by experiments. But it is said that he was a man of great genius; I do not think so, or if he were, he owed it to his uncommon industry and assiduity: he was the last in the laboratory or study at night, and the first there in the morning; allowing himself very little time for repose. It was in this way he collected and arranged that Museum which will endure as long as any thing of the kind; the admiration of foreigners, as well as our own countrymen. But we are still more indebted to him for the true principles of our science, which he displayed to us with a masterly hand. In this free country the way is open

to all who choose to take it—who prefer honourable but laborious exertions to idle habits that ensure ignorance, and, finally, disgrace."

The Professor went on to show, how important the study of medicine is to the Surgeon: he should be able to prescribe with certainty —should understand well, the great influence of local disease on the constitution, as well as the *origin* of local disease from constitutional derangement. Without such knowledge he knows but half his duty; on the other hand, a mere Physician cannot be a good judge of surgical cases—that, notwithstanding his respect for the Physicians at Guy's, he would not hold his situation in that establishment, unless he had the right of prescribing for his surgical patients. He mentioned a case in one of the hospitals, where a man was under his care for a compound fracture, and had great hopes of saving the patient, as he was doing well; but a Physician, in going through the ward, visited him, and ordered a cathartic, which acting rather violently, disturbed him so much that fatal consequences ensued. That a Physician should not interfere with patients of this description is therefore evident, but he did not mean to say that one profession was to be upheld at the expense of the other; they should mutually assist in the great duty of preserving human existence. Reading he also recommended as extremely useful, when select; but he would not recommend works to young students, which lay down *systems* for their guidance; such a plan of reading is bad, it is better to read the detached works on particular diseases. Among the works he recommended, are Green's Manual, Fife's Compendium, Samuel Cooper's Surgery, Hey's Surgery, &c. To the pupils generally, but more particularly to those who are allowed to pass in this metropolis but one or two seasons in attending the different hospitals, he strongly recommended punctuality in their attendance at lectures, and at the dressings; he said that in St. Thomas's alone, they had an opportunity of seeing above 800 indoor, and a vast number of outdoor patients, whose cases are equally as useful and interesting to students. He cautioned the pupils from speaking unguardedly before the patients; it could do no good to let them know what was intended for their cure, but very often prevented it. Some time ago a man came into Guy's Hospital, having a disease that required an operation, and by no means a dan-

gerous one. A pupil, when conversing with him, asked him where he came from; the man replied, "From Cornwall;" "O, did you," said the pupil, "I can tell you, you will never see Cornwall again." The patient became alarmed, and immediately left the hospital.

Sir Astley recommended also the practice of taking notes, but not hasty ones, as they do more harm than service, by causing one term to be mistaken for another.

He said he was happy to bear witness to the great improvement which had taken place, of late years, in the education of those who are coming forward in the various classes of pupils: this he considered a most essential advantage, and tended as much as any other circumstance to raise the character of the profession to its proper station. To the Company of Apothecaries, society is much indebted, as to them we owe the Act which makes a certain course of education indispensable to medical students. In the Metropolis, the Faculty of course is highly respected, but not equally so in the country, from the practitioner being obliged to inspect the preparation of his medicines, and, necessarily, must be often in the shop. But general education, so essential to our profession in particular, is making rapid and desirable advances, whilst ignorance flies before it.

The learned Lecturer particularly requested the young pupils, whose friends had, at great expense, prepared them for an honourable and lucrative profession, not to lose their precious time in idle and vain amusements; but, while they have those opportunities that may not be permitted to them always, to keep their attention steadily fixed on the various branches of science, which are essential to their profession, and not to suffer themselves to be led away from the true path to eminence by the idle and unthinking: for, he asked them, how they could, on their return home, look their friends in the face if they had neglected their duties? But, on the other hand, should they conduct themselves with good sense, and apply to their studies with care, they will receive their just reward.

Sir Astley observed, that he had probably known ten thousand members of the faculty, in the course of his professional life, and to their partiality he modestly attributed his successful progress, more than to any merit of his

own; and declared that he should be wanting in gratitude if he did not acknowledge it. Well directed assiduity will surmount all difficulties: they should not be deterred even by poverty, for it was a great stimulus to exertion, and to regularity of life; though all cannot be equally studious, for some will be fluttering in the box of another theatre, or will come here only to interrupt their more steady fellow students. But, said he, I will not suffer it as long as I have the honour of lecturing in this establishment; no man shall interrupt another with impunity. Perhaps some who are fashionably dressed may think proper to look down with a feeling of contempt upon the students whose attire is plain and more modest; but should such a feeling exist, he would advise these persons to pause awhile, and consider what it is that makes one man superior to another in this profession: when they commence their career of public life, the plain, industrious, intelligent young man goes slowly but steadily in the right track of his profession, and rises to respectability, perhaps even to a high rank; on the other hand, the fashionable lounger, who neglects to improve himself, finds his want of knowledge and his bad habits equally retard him; instead of rising, he sinks lower, his friends disappear, and at last he falls into obscurity, blaming and abusing his more fortunate rival, and often reduced to a pitiable state. In conclusion, the Professor remarked, that if any of them wished to ask his advice or assistance in any way, he should be most happy if they would call on him whenever they thought proper. He did not say this from ostentation; but he always wished to show the rising profession that he did not forget the friendship he had experienced from their fathers.

At the conclusion of the Lecture, the applause was as enthusiastic as at the beginning.

THE LANCET.
SUNDAY, OCTOBER 5, 1823.

POLITICS.

ENLIGHTENED LIVERYMEN!

It would appear from the reports in the Chronicle and Times of Tuesday last, relating to the proceedings of "the Livery" at Guildhall on the previous day, that the pestilential effluvia of the misnamed "Holy Alliance" has tainted a great number of the boasted Livery men of London, who, in proportion to the success of their

persecuting patrons on the Continent, like stanch partisans of tyranny, raise their "woices" to a higher pitch against whatever tends to remove delusion from the public mind.

On no other ground can we account for the violent and indeed unmanly efforts that were made to prevent a member of their own body from delivering his sentiments on the question before them; merely because he uttered some expressions rather disrespectful on the notorious Mr. Pitt, facetiously termed "the heaven-born minister."

We have not the slightest personal knowledge of the gentleman who thus excited the bad feeling of these "greasy rogues," neither is it of the least importance to know against what individual the attack was directed in this instance. What we complain of is the atrocious attempt to invade and trample upon the ancient, and we hope unalienable, right of Britons to avow, both privately and publicly, their feeling and opinions upon all public men and public measures. If ever the continental despots and their insects in power should succeed in destroying this bulwark of our national freedom and intellectual improvement, we can expect nothing in its room but the poniard and bowl of the assassin; and instead of open, manly rebuke, the oppressor may expect the stroke of the stiletto, or the no less effectual application of dire ingredients in the composition of his calipee and calipash.

The obnoxious liveryman, it is reported, expressed a wish to see the statue of Mr. Pitt thrown down. This, of course, was a rhetorical flourish; a very appropriate mode of showing his detestation of a character to whom England owes any thing but gratitude. We are by no means advocates for throwing down statues: the one alluded to is a very fair specimen of the liberal art of sculpture, and is as innoxious as that of Charles Stuart at Charing-cross; but instead of injuring works of art, we suppose the community would be well pleased to see the Legislature abrogating indignantly some sanguinary pages in those statutes, of which *he* appears to have been the parent.

A little time has shown that this man's claim to the appellation of "an able statesman," is unequivocally ridiculous, is perfectly laughable. His father indeed, the great Pitt, we need not say had a full-grown intellect; but his son appears in this respect to have been only an abortion. His ad-

mirers in rapture called him a "boy statesman" in his twenty-third year; and in his forty-seventh year he was still the same; still the official coxcomb, running after wild impracticable schemes, regardless of every thing but the gratification of his own senseless, remorseless, and petty ambition.

DR. COLLYER.

Some weeks since, we heard reports injurious to the character of this gentleman. We did not believe them, indeed we could not, and never should have said one word respecting them; but Dr. Collyer having himself published a statement contradictory to that which had been asserted, the affair became a legitimate subject for general inquiry.

Since the first announcement of "The Lancet," we have received a variety of communications relative to this mysterious transaction. We are now endeavouring, by every means in our power, to ascertain their correctness. At present, we cannot give a detailed account of our progress; however, we are already enabled to state that the matter has not hitherto been sufficiently investigated. We shall give the full particulars in our next Number—*at least, such parts as will admit of publication.* And, let the disgrace fall on whomsoever it may, we are firmly resolved that all the parties concerned shall receive, at our hands, strict, impartial justice.

THE DRAMA.

Drury Lane.—Notwithstanding the immense and beautiful alterations that were made in this Theatre last year, the enterprising Manager, during the summer recess, has added more comforts, and even more fascinations: indeed, a spirit of laudable rivalship appears to stimulate those who have the direction of both our Winter Theatres: we confess that we are glad of it; but we sincerely hope that their exertions will not be confined to house decorations; we wish to see the *stage* well decorated—not with foliage ornaments or gilded columns—but with intellectual genius and classical refinement. And we are delighted to observe that the Play-bill of this Theatre contains a list of Performers, who ensure to the lovers of the Drama many a rich treat during the ensuing theatrical campaign.

This Theatre opened on Wed-

nesday evening last, with *The Rivals.* Previously to the performance, "God save the King" was sung in good style by the whole *corps dramatique*, and received an *encore.* Our old favourites, as they entered, were most cordially greeted; and the new candidates for histrionic fame excited considerable attention. ELLISTON was enthusiastically applauded on his entré; he played *Captain Absolute* with great spirit and propriety. DOWTON appeared in his best comic dress, and gave us a rich feast in his representation of *Sir Anthony Absolute.* A Mr. WALLER played for the first time *Sir Lucius O'Trigger*; his conception was just, and his acting chaste. Miss LYDIA KELLY was the *Lydia Languish;* she performed the character with great propriety, and we think will prove an acquisition to the establishment.

After the Play, a piece in one act was produced, called *Stella and Leatherlungs.* It evidently was written for the purpose of exhibiting the versatile powers of Miss CLARA FISHER: she performed the part allotted to her with great ability; but the piece itself met with great opposition.

COVENT GARDEN.—On Wednesday last, the first of October, this Theatre also opened for the season. It is rather consolatory, notwithstanding the common opinion that the theatrical, like the agricultural, interest is below par, that the Managers should this year have ventured to open both Theatres on the same evening, a circumstance not considered quite prudent formerly. The Haymarket also continued to the full extent of its licence: hence it is concluded, that there is a better prospect for theatrical speculation than has appeared for a long time past.

Notwithstanding the bad state of the weather, the house was very well attended: of course, the first objects of attention were the splendid decorations, which called forth the unanimous approbation of the audience. The improvements that have been made are very considerable. The range of boxes called the basket, which was a promenade for noisy loungers, is removed, and the space it left is converted into an enclosed passage for those who occupy the front dress circle, where they can enjoy the performance without interruption.

The new drop curtain, which is remarkably rich and tasteful, rose at seven o'clock. The vocal per-

formers sung "God save the King" in fine style: this was warmly applauded by the audience, and called for a second time. The performance was *Much ado about Nothing*. The parts were cast the same as last year, except that Miss Jones played the part of *Hero*, instead of Miss Foote, who had been advertised for several days to perform this character, as well as that of *Phœbe* in *Rosina*. The principal characters were cordially welcomed, particularly Mr. Kemble. Miss Tree appeared in the afterpiece as *Rosina*, and was very warmly applauded. Miss Love's *Phœbe* was good, but the humour of the character is broad enough originally. Most absurdly was the part of *William* given to Miss Hallande; it would have been more proper for Mr. Durusset, who often played it.

MEDICAL AND SURGICAL INTELLIGENCE.

Remarks by Henry Earle, *Esq. &c. on Sir* Astley Cooper's *Reply to his Critical Observations on Fracture of the Neck of the Femur Thigh Bone, &c. &c.*

To the Editors of the London Medical Repository.

I beg leave, through the medium of your highly respectable Journal, to correct an inaccuracy in a critical work which I lately published on Fractures of the Neck of the Femur. At page 41, in alluding to a preparation, contained in Mr. Langstaff's museum, of a case of double fracture within and external to the capsule, I have stated that "firm ligamento-cartilaginous union had taken place." Mr. Langstaff has obligingly corrected the error into which I had fallen, and, with his usual liberality, has afforded me another opportunity of examining the preparation alluded to, which I find to be very accurately described by Sir Astley Cooper. On the former occasion when I visited his collection, I had not the benefit of Mr. Langstaff's attendance to explain the individual specimens; and from the short notes which I then made, it is very clear that I must have mistaken the preparation in question. I consider this declaration due to Sir Astley and myself, and shall be much obliged by your giving early publicity to it. At the same time, I beg to observe, that the absence of union in this case does not in the slightest degree invalidate the reasoning which I have employed, and that I still consider that the fracture within the articulation would prevent the motions of the

pelvis from being communicated to the fracture external to the capsule; and, consequently, that no comparison can be drawn between the two fractures, as the one within the articulation would be liable to participate in every motion of the trunk and pelvis, while that external to the capsule, from the very circumstance of the double fracture, would be in great measure secured from any such interruptions to bony union. Added to which, it is right to observe, that the central portion between the two fractures, being nearly insulated, would be placed under much less favourable circumstances for union than when connected with the shaft of the bone. These two facts are fully sufficient to account for the want of those reparative effects which commonly take place in simple cases of fracture within the articulation.

I have the honour to be, &c.

HENRY EARLE.

P. S. Since the above letter was written, I have had an opportunity of reading Sir Astley Cooper's reply to my observations in an Appendix to his third edition; and as that work contains many heavy charges against me, it is incumbent on me to endeavour to repel them.

In the first place, I am charged with an attack on the honour and credit of Guy's Hospital. To this I offer my most unqualified disavowal of any such intention, or of the slightest inimical feeling towards any individual connected with it. No impartial person can possibly draw such an inference from any part of my work; unless, indeed, Sir Astley Cooper has so entirely identified himself with that noble institution, that to differ from him in opinion can be construed into an attack upon the whole school. No petty motives of rivalship influenced me in taking the steps which I have followed, but a conscientious feeling that an advocate for the possibility of union within the articulation was imperiously called for. If I had wished to have contrasted one school with the other, I might have strengthened my cause by stating, that the doctrines which I have inculcated are entertained by most of the able associates with whom I am connected, and are taught by the eloquent and highly gifted Professor who has so long been an ornament and support to St. Bartholomew's.

I am next charged with misleading the rising generation with incorrect surgical principles; and Sir Astley is led to exclaim,

"Good God! is this written by an English Surgeon?" It is even so, and by one who hopes to have some claim to that honourable title, should he succeed in restraining the rough and useless freedom of examination which he has too often witnessed in these cases, and in establishing in its room a train of more rational and less injurious diagnostic symptoms, sufficiently clear to direct the judgment of any one competent to the practice of his profession.

To the charge of misrepresentation, at page 22, I distinctly plead not guilty, and feel confident of a verdict in my favour. Sir Astley Cooper, at page 146 of his large work, lays down certain rules respecting fractures external to the capsule, to which he admits that there are exceptions: then follow three cases in proof of the positions laid down, but, unfortunately, so far from illustrating, they are all in direct opposition to them. When this inconsistency is pointed out, Sir Astley Cooper charges me with misrepresentation, and wishes the cases in question to be considered as illustrative of the exceptions to his rules; and so, indeed, in the next edition, with some trifling alterations and additions, they may be made to appear; but as they at present stand in the first and second editions, there cannot be any reasonable doubt of their bearing the interpretation which has been put upon them by many other persons as well as myself. If Sir Astley Cooper really intended them as exceptions to his general rules, he should have stated so more clearly and intelligibly; but surely no critic can be fairly chargeable with misrepresentation in consequence of the author's want of sufficient perspicuity. With much greater justice I might complain of the allusion which has been made to the case of fractured olecranon, at p. 15, as unfairly and partially quoted. In relating that case, I openly and candidly avowed the mistake under which I laboured, with a view to caution others from falling into the same error, by following too implicitly the doctrines of the schools, and I have clearly proved that in the case in question, not one of the symptoms existed, which are described by Sir A. Cooper and other systematic writers. It is not my intention at present to answer the various parts of this Appendix in detail; but having rebutted the several charges which have been brought against me, I shall beg leave to notice a few passages in the Appendix, which might lead to a misunderstanding

of my work. With respect to the case of Spilling, mentioned at p. 14, I had nothing to do with the treatment of him, and believe that but little was done to restore the limb, because it was evident that the patient was dying of a disease in the liver.

The preparation in the College museum, alluded to at p. 21, I value so little, that I have not even mentioned it in my work. It was taken from a patient who was burnt to death; and I could learn nothing respecting it, but that she was supposed to have dislocated her thigh, which was never properly restored. With respect to the case of shortening to the extent of four inches, mentioned at p. 16, I have only to observe, that the question at issue is respecting the degree of shortening immediately consecutive to the accident. I have myself expressly stated, at p. 43, "that in old neglected cases where no union has taken place, there will often be very considerable shortening in consequence of the absorption of the neck within the articulation:" precisely such is the case in the preparation in question; but surely this cannot be gravely brought forward in proof of the degree of shortening immediately after the accident. Sir Astley has employed the man's high-heeled shoe as a gauge; but this is very fallacious, as the direction of the whole thigh would be altered, and the knee would be slightly bent, which would increase the apparent degree of shortening, even supposing the actual shortening not to exceed two inches and a half; not to mention that some allowance should be made for the thickness of the other shoe.

At p. 7, Sir Astley has said that "no argument can ever settle the question of the possibility of union, which can only be decided by observation." This is undoubtedly true; but it is equally so that *the question never can be decided in the affirmative by following the doctrines which he has inculcated, as the practice Sir Astley recommends and follows, renders union by bone a moral impossibility.* By reasoning, however, I hope that I have shown that there is no actual law in the animal economy prohibiting such union. By reasoning, I have endeavoured to explain the causes which have hitherto contributed to interrupt bony union; and by reasoning, I hope to induce my professional brethren not to abandon these cases as hopeless.

I am well aware that my work is deficient in positive evidence, but I trust that I have assigned

satisfactory reasons for the results having been hitherto so generally unsuccessful. If there had existed more positive evidence on this disputed question, the doubts at present entertained could not possibly have been maintained by any person, and my humble pen would not have been required in support of the possibility of union. The present inquiry will, I hope, lead to the solution of the difficulties which have hitherto involved this subject, and to the elucidation of truth—the great end and object of my inquiry. When, however, I find it acknowledged by Sir Astley Cooper himself, that perpendicular fractures through the head and neck of the femur, through the patella, and through the olecranon, will unite by bone, I cannot admit that a different law influences transverse fractures of the same parts. The difference consists in the more perfect adaptation of the broken parts, and the more permanent state of rest, and not in any deviation from the laws of the animal economy. Let us then direct our whole attention to this one object, and by improved means endeavour to accomplish this desirable end. Instead of indulging in angry discussions, and anxiously seeking for additional proofs of non-union, let us steadily exert ourselves in endeavouring to prevent deformity and lameness, and to restore our patients to the perfect use of their limbs. By having pursued this plan, I am happy to say that I can produce several living instances of complete success; and should my own life be sufficiently prolonged, and the prejudices of the public against anatomical investigations not prohibit, I shall hope some day to produce unequivocal proofs in support of the possibility of bony union.

I shall conclude for the present these observations, with reiterated assurances that I entered on this inquiry as a public duty with much repugnance, and that I feel truly sorry that what I have stated should have created any angry feeling in Sir Astley's mind. In animadverting on that gentleman's work, I have only touched on those parts which were of importance to the subject under discussion, and no unfriendly or personal feeling for a moment influenced my mind.

I sincerely feel, and hope always to feel sentiments of respect and regard towards that gentleman, and of cordial good will towards my professional brethren who are connected with the excellent school of which he is so distinguished a member.

George-street, September 13, 1823.

Case of Anasarca successfully treated by Acupuncturation.—By JOHN TWEEDALE, M.D. Lynn-Regis, Norfolk.

IN the absence of the Physician who had been in attendance for some months, I was requested, on the 1st of August last, to visit Mrs. ——, of this town. I found her labouring under anasarca, in a very advanced stage; the cellular membrane of the upper and lower extremities and trunk being enormously distended with fluid, accompanied with cough and most distressing dyspnœa.

Various diuretics and cathartics had been administered, but without benefit.

I prescribed still more active hydragogues, medicines that occasion the discharge of watery humours, a blister to the chest, and saline pediluvia.

On the following day, the family Physician having returned from the country, I met him in consultation, when it was determined to continue the plan recommended by me on the preceding day.

Several days having elapsed under very active treatment without any material relief to the patient, I was induced to recommend a trial of acupuncture. That operation was readily submitted to, and was performed with a common needle of middling size, guarded with a small piece of sealing wax at the eye, to prevent injury to the Surgeon's finger, and with a thread passed a few times round the needle, at rather less than a quarter of an inch from the point, in order that the punctures might not exceed the depth required. With a needle thus guarded, about a dozen punctures were made in each leg, within a very few minutes, and with little or no pain to the patient.

The result has been most satisfactory: the arms and trunk were, in the course of a week, reduced to their natural size, and nothing now remains but slight œdema of the ancles and feet. As the punctures had closed, the operation was repeated with a triangular-pointed (small glover's) needle, which enters the skin more readily, and leaves a more permanent puncture than the round-pointed needle.

Scarifying and puncturing with the lancet are not only more painful operations, but are not unfrequently followed by unpleasant consequences. I am of opinion that the method above described may, in almost every case of anasarca, be resorted to with perfect safety, and with, at least, temporary relief to the patient.

At the time this case occurred,

I was not aware that Dr. Sutton and Mr. Finch had tried acupuncturation in anasarcous cases; but I am happy in adding my testimony to theirs, not doubting but that this simple operation will be found a most valuable auxiliary in the treatment of anasarca.

Lynn-Regis, Norfolk, Sept. 8, 1823.

Case of Hydrocephalus Chronicus, (Chronic Water of the Brain) in which Pressure proved most beneficial. By J. F. Barnard, Esq. Bedford, Member of the Royal College of Surgeons, London.

From the fatality so commonly attending chronic hydrocephalus, now so frequent among children, I have been induced to submit to the readers of the Repository the following case:—

A child, about a year and a half old, was born, to all appearance, perfectly healthy, and continued so until six months old, when the head was first observed to increase in size. I did not see it until the disease was so far advanced that I almost entirely despaired of its terminating favourably. The head was exceedingly large, weighing, I should think, nearly as much as two-thirds of the rest of the body. The child lay in a state of stupor, and was unable in the least degree to move its head. There were a slight strabismus and rolling of the eye-balls, and almost constant startings of the muscles of the whole body, but more particularly of the face. The countenance had a cadaverous appearance, and the skin was of a yellowish colour. The eyes were sunk in their sockets, and enclosed in a dark ring. The flesh was flabby, and seemingly hanging on the muscles. The evacuations from the bowels were particularly unhealthy; sometimes green, sometimes blackish, but never of a healthy colour; nor indeed had they been healthy since half a year after its birth. The tongue was constantly covered with a thick white coat. When its head was moved it screamed, and seemed sensible of pain. I expected the child would survive but a few days. [I should say that it had been taking purgatives and mercurials, without benefit, for some time before I saw it.] I communicated my opinion to the parents, and told them the only chance I saw of saving their child was a plan which I shall describe, and which they readily assented to.

I had the head shaved perfectly clean: I then applied broad strips of adhesive plaster completely round the head from before back-

ward, and cross strips from one side to the other, so as effectually to support the parietes of the cranium. I ordered the whole head to be kept constantly covered with linen dipped in cold water; and that the child should take no other medicine than a little castor oil, should the bowels require it.—Having thus decided on my practice, I patiently waited the result. Its good effects were evident in less than a week: the little patient could move its head much better; the strabismus squinting had disappeared; the secretions from the bowels were more healthy; and the startings of the muscles were less frequent. He had not screamed on rolling or moving the head since the bandage was applied. In a fortnight the size of the head had evidently lessened; the child was more lively, and began to take notice of the persons around it; the secretions from the bowels were perfectly healthy and evacuated regularly; the tongue nearly clean, and the skin of a natural colour; and the countenance more composed and animated. It is now two months since the bandage was first applied; and the child is in every respect healthy, except that the head still contains water, and is larger than it ought to be. The flesh is firm, and the skin of a healthy mottled hue. The water, I have no doubt, will in time be absorbed, and he will completely recover. I shall recommend the bandage to be worn until the bones are fully united.

As this disease generally attacks more than one in a family, I have advised that the younger children should wear a small roller bandage on the head to support it during the time the bones are forming, and until they are perfectly united. If this were done more generally, as it used to be, I have no doubt it would prevent many of those dreadful cases of hydrocephalus we find in the present day. It is allowed by medical men that the disease is more frequent now than formerly; and to what greater cause can we ascribe it, than to the omitting of the application of that kind of bandage which was usually employed to protect the head of the infant from injury, and to support its imperfectly ossified and yielding parietes.

That this child was greatly relieved by the manner of bandaging which I employed, and that alone, I firmly believe. In order to ascertain more accurately the efficacy of this practice, I ordered

that the child should take no medicine,—not even the castor oil, unless it was absolutely requisite. It was necessary to give it small doses of the oil, but not oftener than once or twice a week, and that in the very outset of the plan. Its principal food during the cure was eggs and milk; I also allowed it a very small quantity of wine, as a stimulant to the stomach.

Bedford, July 23d, 1823.

Case in which Hydatids were discharged in considerable quantities from the Intestines. By Mr. T. M. Greenhow, Surgeon, Newcastle.

Master Selkirk, aged 9, went to school on the morning of May 2d, in his usual state of health. At 11 o'clock, *a. m.* he was taken home ill, having been suddenly seized with acute pain in the head and abdomen, accompanied with violent shivering. I was requested to visit him at 9 o'clock the same evening. He then complained of severe pain in both temples, great pain and tenderness on pressure of the abdomen, impatience of light, eyes glassy, and wild in their expression, delirium, subsultus tendinum. His countenance was exceedingly oppressed, the surface generally very cold, tongue parched, and covered with a thick brown fur; pulse very quick (130), and wiry. He had vomited frequently, and had passed several small slimy stools. *Let blood to the extent of six ounces.* Leeches to the temples; warm bath, and friction with a coarse cloth or flannel. *Take four grains of calomel immediately, and a draught, with infusion of sennæ and Epsom salts, in the morning.* The bleeding produced sickness, and was followed by some remission of pain in the abdomen and temples.

May 3d, 5 o'clock, *a. m.*—Had been easier, and slept in the early part of the night, but had lately become worse. Much pain both in the head and abdomen; great restlessness and delirium. He had passed both urine and feces unconsciously. Pulse very quick and sharp; surface still very cold. *Let blood to the extent of four ounces.* To be sponged with warm vinegar and water, afterwards repeating the friction, and applying heat to the feet and hands. The stools were still scanty and slimy, and he had vomited the draught. *Take four grains of calomel immediately, and, in one hour afterwards, half an ounce of castor oil.*—10 o'clock, *a. m.* Head and abdomen have

been easy since the last bleeding. Delirium continues, and he is very drowsy. The castor oil was rejected. Stools of the same character, and still passed insensibly. Pulse very quick, and small; coldness of the surface continues. *Apply a blister to the head, and take three grains of calomel every four hours.*—4 o'clock, *p. m.* No material change. Has vomited every thing except the calomel. No change in the nature of the stools; but he has used the pot since the morning. An effervescing draught to be taken occasionally.—10 o'clock, *p. m.* The pulse is now a mere flutter at the wrist, scarcely to be felt, and cannot be counted. No pain, but excessive restlessness and delirium; frequent hiccough; stools as before; countenance greatly oppressed; and the surface everywhere pale and cold. Repeat the warm bath and friction.

May 4th, Morning.—Remains much in the same state. Says he has no pain. Stools as before. *Take four grains calomel every four hours.—Evening.* No change. Repeat the bath and friction.

May 5th.—Stools of the same description. Pulse rather more distinct. The blister, which was applied on the third, remains on, but has not risen. *Repeat the calomel as last ordered, and in the evening give an injection.—Evening.* Is somewhat better. Stools rather more plentiful. Pulse more distinct. Has slept in the course of the day, and has retained some chicken broth. Less coldness of the surface. *Repeat the calomel.* Repeat the bath, &c.

May 6th, morning.—A great improvement has taken place. Large quantities of hydatids have been discharged from the bowels, accompanied with much mucus. All his bad symptoms have vanished. No pain; no delirium; tongue cleaner and moister. Skin comfortably warm and moist. Pulse soft, and not exceeding 100. The vomiting has ceased, and he has had some refreshing sleep. More hydatids were discharged in the course of the day. The mouth became affected with the calomel, which was now omitted, 74 grains having been taken in three days.

From this time his convalescence has been progressive, the bowels being kept open with a mixture of magnesia, taken with lemon juice. That the remarkable matter discharged from the intestines of this patient was the cause of this very acute attack, cannot, I think, be doubted; especially when it is considered how all the unfavourable symptoms dis-

appeared at the same instant of its removal from the system. How long it might have existed there, it would not be easy to determine; but its formation must probably have been going on for a very considerable length of time. For the last year he had been subject to occasional disordered action of the abdominal viscera, attended with griping, and local tenderness in the region of the liver. During the winter, an attack of this kind had been overcome by repeated doses of calomel and saline purges; and for several weeks he appeared in perfect health.

The hydatids discharged, in this case, were of various sizes and different colours. Some were transparent and light brown; others opaque and pale green, very nearly resembling boiled gooseberries, and of about the same dimensions. Others were much darker; and the mucus which accompanied them was also of a dark green colour, probably from the effects of the calomel. They were unaccompanied by any feces, the whole being entirely without odour. I should, perhaps, have felt diffident in declaring this matter to consist of hydatids, notwithstanding its strongly marked character, had not the opinion of Dr. Ramsay (who had visited this patient with me on the 3d and following days) entirely coincided with my own respecting it.

This case appears to me curious and interesting, both on account of the train of alarming symptoms which were induced, and of the cause by which they appear to have been occasioned. When I was first called to this patient, I was impressed with a conviction that inflammatory action was going on in the abdomen, and that great determination existed to the head. In these circumstances, I thought it right to bleed, although the general state of the system rendered it necessary to do this with great caution; and though the quantity of blood drawn was small, the relief obtained was considerable; and after the second small bleeding, the pain both in the head and abdomen was permanently relieved. It will readily be supposed that little hopes of his recovery was entertained; and, indeed, on the evening of the 3d, I must confess I considered him actually in a dying state. The warm bath and friction I believe to have been the means of saving him at that time. It is remarkable, that, after a cold stage of pyrexia, which lasted more than three days, when at length (on the discharge of the offending matter from the intes-

tines) reaction took place, it should have been so moderate and healthy. The incalculable rapidity and extreme oppression of the pulse at once subsided, and a moderate, soft, and equable action of the vascular system was established.—*Edinburgh Medical and Surgical Journal.*

Newcastle, May 24th, 1823.

On Obstruction of Blood in the Lungs.

We shall now examine how far the obstruction of the blood in the lungs, from a deficiency of pure atmospherical air, is adequate to explain the cause of some of the vital phenomena observed in health and disease. All physiologists agree in admitting the direct dependence of the nervous system upon that of the sanguiferous; therefore the nervous system must lose its energy, in proportion as the circulation is diminished or impeded. As the nervous influence is the stimulus which excites the voluntary muscular system into action, it follows, that the latter must be enervated in proportion to the diminution of the energy of its stimulus. We often observe prostration of strength arising from a very short continuance of anxious exertion. I allude to that exhaustion which comes on when the will directs the nervous stimulus to the action of a certain set of the voluntary muscles, at the same time checking the action of all the others. For example, two passionate lads fighting, in a few rounds (without any serious injury, or a long continuance of unusual exertion), will fairly come to a stand, breathless and exhausted, with a sense of anxiety about the præcordia. To recruit themselves, they will "set to," as it is very emphatically called by the *fancy*, "bellows mending;" and, in a short time, the uneasiness about the heart will wear off, the strength will be recovered, and the contest will be renewed again with vigour. How are we to account for this rapid exhaustion, and equally rapid restoration of strength? Why, the muscles of respiration being semi-voluntary, are under the control of the will; when the will directs its whole attention to the action of any particular set of muscles, the function of respiration is checked as long as the uneasy sensation, from the accumulation of blood in the pulmonary artery, can be endured. The effect of this partial stagnation of the circulation is a diminution of the nervous stimulus to excite the muscular system into action. The more intent the will is in-

directing the nervous stimulus to any particular set of the voluntary muscles, the less sensible will the system be to the uneasy sensation arising from the accumulation of blood in the pulmonary artery; consequently, the sooner will there be a diminution of nervous energy to stimulate the muscular system. To relieve the exhaustion of strength, and the anxiety about the region of the heart, the system demands an additional supply of pure air to unload the pulmonary artery. As this congestion is removed, the unpleasant sensations vanish; and as soon as the system is renovated with the vital stream, it is invigorated, and the individual recovers his wonted strength. This view of the subject teaches every pugilist a valuable lesson, that is, never to interrupt his breathing unnecessarily, or, in other words, not to exhaust his strength by too anxiously watching his adversary's motions. It is well known, that a passionate pugilist exhausts himself much sooner than a cool one; and the reason is, that the passionate pugilist, from his great anxiety, is less sensible to the uneasy sensation occasioned by the accumulation of blood in the pulmonary artery, therefore he interrupts his breathing for a longer period than the cool one; consequently, he exhausts himself sooner.

We shall next attempt to explain the cause of an occurrence which often happens when we are in the full enjoyment of our health, but which is oftener a concomitant of one of the most fatal of diseases; I allude to the rupture of the pulmonary artery. Hæmoptysis, in my opinion, is generally the effect of an accumulation of blood in the pulmonary artery, arising from a deficiency of pure atmospherical air in the lungs, to decarbonate the blood immediately on its being conveyed into that viscus.—The deficiency may arise from an interruption of the action of the respiratory muscles; as, from the immoderate use of the vocal organs; or, from inspiring rarified and impure air; or, from the over-distension of the stomach, limiting the action of the diaphragm. Public speakers, singers, and performers on wind-instruments, are too well known to be the frequent victims of hæmoptysis. The enthusiastic orator, stimulated by the interest of his subject, and proud of the approbation of his audience, endeavours, by every exertion, to make the greatest impression upon his hearers; by so doing, he inter-

rupts his respiration, and occasions a partial accumulation of blood in the pulmonary artery. If this interruption is often repeated, the pulmonary artery must become more and more dilated, as well as debilitated, and at last hæmoptysis will succeed ; or, from habitual irritation, the foundation of a more insidious disease will be laid, —I mean tubercular consumption. If the last conclusion be correct, we can account for the frequency of tubercular consumption, in countries subject to sudden vicissitudes of the atmosphere. The consequence of sudden and frequent changes of temperature must be sudden and frequent floods of blood, as it were, rushing into the lungs, especially into the lungs of those who have very delicate and highly sensible constitutions. The pulmonary arteries of open-chested persons easily accommodate themselves to those frequent torrents ; as the blood, from the capacity of their lungs, is immediately exposed to the influence of the atmosphere, and undergoes the necessary change to admit it to proceed onwards without any delay. The pulmonary arteries of narrow-chested persons, on the contrary, soon feel the effects of a sudden increase in the circulating medium ; for their lungs are unable to supply the increase of blood immediately with pure air, so as to enable it to proceed onwards without delay; therefore, a temporary accumulation takes place in the pulmonary artery, which must irritate its extreme terminations.

To enter into the detail of every phenomenon, which, in my opinion, arises from the obstruction of the blood in the lungs, would lead me beyond the limits of an article intended for a periodical publication. If my corollary, that the blood is obstructed in the lungs from a deficiency of pure air, be correct, then I have no doubt that, from the labour of others, a rapid advancement will be made in the pathology of all the diseases of the respiratory organs. If our theory be admitted, it will probably lead, in the treatment of these diseases, to a firmer reliance on the efficacy of certain medicines of acknowledged power in regulating the circulation ; and it will render most of us less susceptible of being made the dupes of charlatanism. It will, in many cases, suggest to us a valuable prophylactic ; and it will procure a more ready compliance to our advice from many who are predisposed to diseases of the respiratory organs, more especially

from public speakers. Most men are prone to turn a deaf ear to an advice which is to ward off what they suppose to be an imaginary evil. But, if we can convince a person that the blood stagnates in his lungs every time he interrupts his respiration, by uttering long periods, and that that interruption endangers the rupture of a blood vessel, or that it engenders in his bosom one of the most unrelenting of diseases (tubercular consumption), surely, under such an impression, no one will be found so careless of his health and life, as not to pay some share of attention, during his professional duty, to the important function of respiration.

Now, I flatter myself, that the cause of the phenomenon that reserved the discovery of the circulation of the blood to modern times, and to the honour of our country, has been disclosed, and that no one for the future, however sceptical, will be able to urge the vacuity of the arteries after death, as an objection to the doctrine of our immortal Harvey.

How far temporary accumulations of blood in the pulmonary artery are a source of disease, I leave to the decision of time. Yet I must say, that Dr. Traill's coinciding with my views on the subject, has made me not a little sanguine, that my pathological speculations are founded upon a substantial basis; and I cannot refrain acknowledging, that I am gratefully sensible of my obligations to Dr. Traill for his kindness during the above inquiry, as well as at all others times.—*Dr. Williams' Edinburgh Medical and Surgical Journal.*

Fatal Effects of Fear.—A man of colour, of middle age, rather above the common stature, robust, and apparently in good health, was received into the London Hospital, labouring under a moderate sized aneurism of the femoral artery. An operation was proposed to him, to which he readily assented: on entering the theatre, however, he fainted; some wine and water was given to him, which he distinctly swallowed, and the operation was proceeded in, the artery exposed, and the ligature applied, but not tightened. During the operation, it was observed that no pulsation could be felt in the tumour, but this was accounted for by the fainting. Before tightening the ligature, it was suggested by the operator to wait until the pulsation was re-established. Some increased attention was then paid, to arouse the dormant energies of the patient; and it was remarked,

that the syncope had continued an unusual time. After the attempts had been some time persevered in, a more attentive observation proved that he was quite dead. All the usual resuscitative means were tried, but without effect. On dissection, both sides of the heart were found empty, and the lungs tinged with blood : no other particular appearance was observable.

MEDICAL EXTRACTS.

Bread is not the worse for being hard, provided it be properly masticated. All hard and tough animal food, particularly if it be salted, which adds to its hardness, is of difficult digestion. It seems to be from its hardness that smoked meat is oppressive. Hard and tough animal food cannot, by mastication, be reduced to the loose, pultacious form which hard bread assumes.

There are few things in common use so oppressive as butter. It appears to be more so than the fat of meat. The fat of mutton is less difficult of digestion than the fat of beef; and the fat of venison less so than either. The same may be said of the fat of turtle; but all kinds of fat are oppressive to a weak stomach; and that of which we are inclined to eat the most is generally, on this account, the worst. We have little experience of oil in this country. From the result of the few trials I have witnessed, I should say, that olive oil, to a stomach accustomed to it, is less oppressive than butter, probably, than most kinds of fat.

Cheese is, in general, still more difficult of digestion than either butter or fat. With their oily nature, it combines the hardness and toughness of the dry and compressed curd, which is very difficult of minute division.—*Wilson on Indigestion.*

The purgative medicines which I have chiefly used in fever, are, calomel, calomel and jalap, compound powder of jalap, aloes, solutions of any of the mild neutral salts, infusions of senna, and sometimes the two last conjoined. —*Hamilton on Purgatives.*

It would have been fortunate if medical inquirers had always followed the progress of diseases step by step, and viewed them as a whole, from the first deviation from health to their termination. A contrary procedure has often betrayed them into confusion and error.—*Ibid.*

A disordered state of secretion, either as to quantity or quality, will be the natural effect of irritation of a secreting organ. This is

evidently the case with the tongue; and we may with great probability conjecture, that the same consequence also takes place in the stomach. As likewise the juices of the stomach are the immediate agents in digestion, that process must be disturbed in proportion as its secretions are deficient or vitiated.—*Abernethy.*

COMPOSITIONS OF QUACK MEDICINES.

Dalby's Carminative.—Tincture of opium, four drachms and a half; tincture of assafœtida, two drachms and a half; oil of carraways, three scruples; oil of peppermint, six scruples; tincture of castor, six drachms and a half; rectified spirits of wine, six drachms; put two drachms into each bottle, with magnesia one drachm, and fill up with simple syrup and a little rectified spirits of wine.

Daffy's Elixir.—Senna leaves, four ounces; santile wood shavings, dried elecampane root, aniseeds, carraway-seeds, coriander-seeds, liquorice root, of each two ounces; raisins (stoned), eight ounces; proof spirit, six pounds.

Spilbury's Antiscorbutic Drops.—Corrosive sublimate, gentian root, dried orange-peel, of each two drachms; crude antimony, red saunders, of each one drachm; rectified spirits of wine, water, of each eight ounces.

Balsam of Honey.—Balsam of tolu, honey, of each one pound; rectified spirits of wine, one gallon.

Scot's Pills.—Barbadoes aloes, one pound; black hellebore root, jalap root, prepared kali, of each one ounce; oil of aniseed, four drachms; simple syrup, a sufficient quantity.—*Gray's Phar.*

TABLE TALK.

Faux-pas in High Life.—We mentioned an occurrence of this description a few days since. The lady and gentleman have, by this time, it is supposed, reached France. The partners of their flight were two of the lady's children. The remaining three have been left at home. The Gay Lothario is a member of a certain high assembly, and is much noted for what are generally called affairs of gallantry. It is conjectured that the injured husband means to appeal for redress to the laws of his country.—*Dublin Evening Post.*

At the time of the plague in London, a noted body-searcher lived, whose name was Snacks. His business increased so fas t, that finding he could not compass

it, he offered to any person who should join him in his hardened practice half the profits; thus, those who joined him were said to go with Snacks. Hence, going snacks, or dividing the spoil.—*Morning Herald.*

The Rector of a parish in Sussex has had a true bill found against him for a horrible crime. —*County Chronicle.*

It is a singular fact, that during the summer, the thermometer, in the open air, has only once risen to summer heat, or 76 degrees, which was on the 1st of June. The maximum temperature of the air in the shade was 87 degrees, and in the summer of 1818 it was 91 degrees.—*Morning Herald.*

The French are a sanguine, grasping people.—With all their activity and enterprise, however, this grasping quality has always made them cut a contemptible figure in the end. Their projects are never founded in real wisdom. They were driven disgracefully from India, from America, from Italy, and latterly driven over the Rhine. They will also reap disgrace and disaster before they have done with Spain. Occupy the country they cannot, and the government of their Allies is impracticable without the support of French connexion. — *Morning Chronicle.*

The Golden Cross, Charing Cross, and the adjoining buildings, are to come down, and a splendid building erected on its site, like the Pantheon at Rome.—*Morning Herald.*

A young lady, in the freedom of conversation, said to a military friend, "Pray, Captain, can you flirt a fan?"—"I do not think I can," replied he, "but I can do what is equally useful—I can fan a flirt;" and he immediately began to fan the young lady.—*Ibid.*

At a late sale of old lumber, at Mr. Whitgreave's house, at Moseley, in the neighbourhood of Wolverhampton, a full length portrait of Queen Elizabeth was knocked down by the hammer at six shillings and ninepence, to a respectable tradesman of that town. The same picture has been cleaned and varnished, and sold for 45*l.*—*Stafford Advertiser.*

Short Speeches. — "The old, blunt commander, at Cadiz," says Selden in his Table Talk, "showed himself a good orator, who, having to say something to his soldiers (which he was not used to do), made them a speech to this purport:—'What a shame will it be, you Englishmen that feed

upon good beef, to let those rascally Spaniards beat you, that eat nothing but oranges and lemons!" With this we may class the speech, more remarkable for its spirit than its elegance, addressed by the commandant of a local regiment in Lancashire, to a lady, on presenting the colours to his corps:—"Madam, we receiv 'n 'em wi' gratitude, and we 'n defend 'em wi' fortitude; and if ever we are called into actual sarvice, and t' colours are shot away, we'll bring t' pows (poles) back again." The noble address of La Roche-jacquelin to his soldiers, is one of the finest specimens of the laconic:—"If I advance, follow me; if I fall, avenge me; if I flinch, kill me."—*Times.*

One of the young persons who knelt at the altar for episcopal benediction, was observed by the Bishop to laugh, just as his hands were extended over him: his Lordship paused, and after addressing a few words of admonition to the indifferent youth, on the impropriety of hypocritically presenting himself before the Deity with his lips, while his heart was far from God, passed him by without admitting the ratification of his baptismal vows.—*Exeter Gazette.*

An active member of the Committee of a Charitable Institution, lately addressed to the Secretary, as an excuse for his non-attendance at one of their evening meetings, the following letter:—"I am so very unwell (in consequence, I believe, of the fruit season) that I cannot venture to encounter this wet evening from home; and besides, under the present system of police, if I should be taken ill suddenly, I am in dread of the watch-house and the tread-mill. I am sorry, therefore, I cannot attend my duty in Soho-square."

In the neighbourhood of Bath, 33 acres of pasture, called "the Moors," situate between the Wells-road and Englishcomb-lane, were last week disposed of for 5,000*l.* The land lets for 180*l.* per annum.

Macready, we understand, is engaged at Drury Lane for a limited number of nights, and is to receive twenty pounds each night that he performs.

Munden is returned to town, from his sea-side excursion, with his health much improved. This veteran in his art, as well as in years, delighted the audiences at Brighton and at Worthing, by the performance of a few of his favourite characters.—*Chronicle.*

SOUTHEY THE LAUREATE.

The last Number of the *London Magazine*, contains an admirable letter from Elia, to this sack-hunting, hypocritical rhymer. He cannot yet have recovered from the lashing that Lord Byron gave him in his "Parody" on the pseudo-poetical "Vision." We are at a loss to conceive what Southey can have done, thus to arouse the feelings of Elia, whose spirit has ever appeared to us as gentle as the "summer air." We have not space for the whole letter, but the following extract is quite sufficient to show the real character of that "pretended moralist," Mr. Robert Southey.

"- - One man shall love his friends and his friends' faces; and, under the uncertainty of conversing with them again, in the same manner and familiar circumstances of sight, speech, &c. as upon earth—in a moment of no irreverent weakness—for a dream-while—no more—would be almost content, for a reward of a life of virtue (if he could ascribe such acceptance to his lame performances), to take up his portion with those he loved, and was made to love, in this good world, which he knows—which was created so lovely, beyond his deservings. Another, embracing a more exalted vision—so that he might receive indefinite additaments of power, knowledge, beauty, glory, &c.—is ready to forego the recognition of humbler individualities of earth, and the old familiar faces. The shapings of our heavens are the modifications of our constitution; and Mr. Feeble Mind, or Mr. Great Heart, is born in every one of us.

Some (and such have been accounted the safest divines) have shrunk from pronouncing upon the final state of any man; nor dare they pronounce the case of Judas to be desperate. Others, (with stronger optics), as plainly as with the eye of flesh, shall behold a *given king* in bliss, and a *given chamberlain* in torment; even to the eternising of a cast of the eye in the latter, his own self-mocked and good humouredly-borne deformity on earth, but supposed to aggravate the uncouth and hideous expression of his pangs in the other place. That one man can presume so far, and that another would with shuddering disclaim such confidences, is, I believe, an effect of the nerves purely.

If in either of these Papers, or elsewhere, I have been betrayed into some levities—not affronting the sanctury, but glancing perhaps at some of the out-skirts and extreme edges, the debateable land between the holy and the profane regions—(for the admixture of man's inventions, twisting themselves with the name of religion itself, has artfully made it difficult to touch even the alloy, without, in some men's estimation, soiling the fine gold)—if I have sported within the purlieus of serious matter—it was, I dare say, a humour—be not startled, Sir—which I have unwittingly derived from yourself. You have all your life been making a jest of the Devil. Not of the scriptural meaning of that dark essence—personal or allegorical; for the nature is no where plainly delivered. I acquit you of intentional irreverence. But indeed you have made wonderfully free with, and been mighty pleasant upon, the popular idea and attributes of him. A noble Lord, your brother Vision-

ary, has scarcely taken greater liberties with the material keys, and merely Catholic notion of St. Peter.—You have flattered him in prose: you have chanted him in goodly odes. You have been his Jester; Volunteer Laureat, and self-elected Court Poet to Beëlzebub.

You have never ridiculed, I believe, what you thought to be religion, but you are always girding at what some pious, but perhaps mistaken folks, think to be so. For this reason I am sorry to hear, that you are engaged upon a life of George Fox. I know you will fall into the error of intermixing some comic stuff with your seriousness. The Quakers tremble at the subject in your hands. The Methodists are shy of you, upon account of *their* founder. But, above all, our Popish brethren are most in your debt. The errors of that church have proved a fruitful source to your scoffing vein. Their Legend has been a Golden one to you. And here, your friends, Sir, have noticed a notable inconsistency. To the imposing rites, the solemn penancies, devout austerities of that communion; the affecting though erring piety of their hermits; the silence and solitude of the Chartreux—their crossings, their holy waters—their Virgin, and their saints—to these, they say, you have been indebted for the best feelings, and the richest imagery, of your Epic poetry. You have drawn copious drafts upon Loretto. We thought at one time you were going post to Rome—but that in the facetious commentaries, which it is your custom to append so plentifully, and (some say) injudiciously, to your loftiest performances in this kind, you spurn the uplifted toe, which you but just now, seemed to court; leave his holiness in the lurch; and show him a fair pair of Protestant heels under your Romish vestment. When we think you already at the wicket, suddenly a violent cross wind blows you transverse—

- - - - - - ten thousand leagues awry.
Then might we see
Cowls, hoods, and habits, with their wearers tost
And fluttered into rags; then reliques, beads,
Indulgencies, dispenses, pardons, bulls,
The sport of winds.

You pick up pence by showing the hallowed bones, shrine, and crucifix; and you take money a second time by exposing the trick of them afterwards. You carry your verse to Castle Angelo for sale in a morning; and, swifter than a pedlar can transmute his pack, you are at Canterbury with your prose ware before night.

Sir, is it that I dislike you in this merry vein? The very reverse. No countenance becomes an intelligent jest better than your own. It is your grave aspect, when you look awful upon your poor friends, which I would deprecate.

In more than one place, if I mistake not, you have been pleased to compliment me at the expense of my companions. I cannot accept your compliment at such a price. The upbraiding a man's poverty naturally makes him look about him, to see whether he be so poor indeed as he is presumed to be. You have put me upon counting my riches. Really, Sir, I did not know I was so wealthy in the articles of friendships. There is ——, and ——, whom you never heard of, but exemplary characters both, and excellent church-goers; and N., mine and my father's friend for nearly half a century; and the enthusiast for Wordsworth's poetry, T. N. T., a little tainted with Socinianism, it is to be feared, but constant in his attachments, and a capital critic; and ——, a sturdy old Athanasian, so that sets all to rights again; and W., the light, and warm-as-light hearted, Janus of the London; and the translator

of Dante, still a curate, modest and amiable C.; and Allan C., the large-hearted Scot; and P—r, candid and affectionate as his own poetry; and A—p, Coleridge's friend; and G—n, his more than friend; and Coleridge himself, the same to me still, as in those old evenings, when we used to sit and speculate (do you remember them, Sir?) at our old Salutation tavern, upon Pantisocracy and golden days to come on earth; and W—th (why, Sir, I might drop my rent-roll here; such goodly farms and manors have I reckoned up already. In what possessions has not this last name alone estated me!—but I will go on)—and M., the noble-minded kinsman, by wedlock, of W—th; and H. C. R., unwearied in the offices of a friend; and Clarkson, almost above the narrowness of that relation, yet condescending not seldom heretofore from the labours of his world-embracing charity to bless my humble roof; and the gall-less and single-minded Dyer; and the high-minded associate of Cook, the veteran Colonel, with his lusty heart still sending cartels of defiance to old Time; and, not least, W. A., the last and steadiest left to me of that little knot of whist-players, that used to assemble weekly, for so many years, at the Queen's Gate (you remember them, Sir?) and called Admiral Burney friend.

* * * * * *

If all the good people were to ship themselves off to Terra Incognitas, what in humanity's name, is to become of the refuse? If the persons, whom I have chiefly in view, have not pushed matters to this extremity yet, they carry them as far as they can go. Instead of mixing with the infidel and the freethinker—in the room of opening a negociation, to try at least to find out at which gate the error entered—they huddle close together, in a weak fear of infection, like that pusillanimous underling in Spenser—

This is the wandering wood, this Error's den;
A monster vile, whom God and man does hate:
Therefore, I reed, beware. Fly, fly, quoth [then
The fearful Dwarf.

and, if they be writers in orthodox journals—addressing themselves only to the irritable passions of the unbeliever—they proceed in a safe system of strengthening the strong hands, and confirming the valiant knees; of converting the already converted, and proselyting their own party. I am the more convinced of this from a passage in the very Treatise which occasioned this letter. It is where, having recommended to the doubter the writings of Michaelis and Lardner, you ride triumphant over the necks of all infidels, sceptics, and dissenters, from this time to the world's end, upon the wheels of two unanswerable deductions. I do not hold it meet to set down in a Miscellaneous Compilation like this, such religious words as you have thought fit to introduce into the pages of a petulant Literary Journal. I therefore beg leave to substitute *numerals*, and refer to the Quarterly Review (for July) for filling of them up. "Here," say you, "as in the history of 7, if these books are authentic, the events which they relate must be true; if they were written by 8, 9 is 10 and 11. Your first deduction, if it means honestly, rests upon two identical propositions; though I suspect an unfairness in one of the terms, which this would not be quite the proper place for explicating. At all events *you* have no cause to triumph; you have not been proving the premises, but refer for satisfaction therein to very long and laborious works, which may well employ the sceptic a twelvemonth or two to digest, before he can possibly be ripe for your conclusion. When he has

satisfied himself about the premises, he will concede to you the inference, I dare say, most readily. —But your latter deduction, *viz.* that because 8 has written a book concerning 9, therefore 10 and 11 was certainly his meaning, is one of the most extraordinary conclusions *per saltum* that I have had the good fortune to meet with. As far as 10 is verbally asserted in the writings, all sects must agree with you; but you cannot be ignorant of the many various ways in which the doctrine of the ********* has been understood, from a low figurative expression (with the Unitarians) up to the most mysterious actuality; in which highest sense alone you and your church take it. And for 11, and that there is *no other possible conclusion*—to hazard this in the face of so many thousands of Arians and Socinians, &c. who have drawn so opposite a one, is such a piece of theological hardihood, as, I think, warrants me in concluding that, when you sit down to pen theology, you do not at all consider your opponents; but have in your eye, merely and exclusively, readers of the same way of thinking with yourself, and therefore have no occasion to trouble yourself with the quality of the logic, to which you treat them.

Neither can I think, if you had had the welfare of the poor child—over whose hopless condition you whine so lamentably and (I must think) unseasonably—seriously at heart, that you could have taken the step of sticking him up *by name* —T. H. is as good as *naming* him—to perpetuate an outrage upon the parental feelings, as long as the Quarterly Review shall last.—Was it necessary to specify an individual case, and give to Christian compassion the appearance of personal attack? Is this the way to conciliate unbelievers, or not rather to widen the breach irreparably?

I own I could never think so considerably of myself as to decline the society of an agreeable or worthy man upon difference of opinion only. The impediments and the facilitations to a sound belief are various and inscrutable as the heart of man. Some believe upon weak principles. Others cannot feel the efficacy of the strongest. One of the most candid, most upright, and single-meaning men, I ever knew, was the late Thomas Holcroft. I believe he never said one thing and meant another, in his life; and, as near as I can guess, he never acted otherwise than with the most scrupulous attention to conscience. Ought we to wish the character false, for the sake of a hollow compliment to Christianity?"

NOTICE TO CORRESPONDENTS.

X. X. Shall be attended to.

We sincerely thank L. M. for his valuable communication; he may fully rely that his confidence is not misplaced; a line before Tuesday will be very desirable.

Before we can say of the Guy's Hospital establishment what Y. wishes, we must see a copy of the late Thomas Guy's will; and shall be very much obliged to Y. or any other Correspondent, who will be so obliging as to send us one.

E. Z. May rest assured that Sir Billy Fretful shall shortly receive a pretty sharp cut from "THE LANCET," as a chastisement for his unrelenting conduct towards Mr. Millard.

A. has our best thanks; if he, or any other Gentleman, can acquaint us when the *apprenticeship* of *Doctor* Thomas Cox expired, he will much oblige; and the Doctor himself will likewise confer on us a great favour if he will be so kind as to *name* the bath that he attended with Dr. Collyer, and *when* the attendance occurred.

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SURGICAL LECTURES

DELIVERED BY

SIR ASTLEY COOPER, BART.

Theatre, St. Thomas's Hospital,
Monday Evening,
Oct. 6th, 1823.

Lecture First.

The subject of this lecture is Irritation; and it is one of so much importance, that gentlemen cannot successfully practise in the surgical profession without well understanding it. Irritation is either local or general, and its effects are communicated from one part to another, through the medium of the nerves, so that the heart, brain, and stomach, almost immediately after an injury has been sustained, even in the remotest parts of the body, will have their functions more or less disturbed, in proportion to the extent of the injury, and importance of the part injured. There exist, among all parts of the body, intimate relations, all corresponding with each other, and carrying on a reciprocal intercourse of action. The wonderful and beautiful harmony produced by these concurrent phenomena, is called Sympathy; its real nature is yet unknown, but we are acquainted with many of its effects; thus the common and natural sympathy of the uterus and breasts. Sneezing is also a sympathetic action. In inflammation, or disease of the hip joints, pain is felt through the whole course of the sciatic nerve, from the knee to the foot; and this often proves a source of mistake to the surgeon, when consulted by a person who complains of a pain in the knee. A stone in the bladder causes pain in the extremity of the penis. A disease of the prostate gland causes pain at the basis of the sacrum, and on the inside of one or both thighs. A disease of the liver, pain in the shoulder; a diseased testicle, pain in the loins, irritation of the

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intestines, an itching of the nose. Diseases in the urethra frequently produce inflammation of the testicles. The glands in the groin are often affected with sympathetic bubo from gonorrhœal inflammation. Hiccough, a convulsive motion of the diaphragm, is a symptom of mortification. There is no organ, however, so much affected by irritation or sympathetic influence, as the stomach. For instance, if a blow is received on the head, causing injury to the brain, vomiting is the first and almost constant symptom; and by this we are led to detect such injury. Vomiting is produced when the testes are injured, or intestines hurt, wounded, or strangulated; it will often arise from the mere introduction of a bougie, when it is attended with faintness; or from a gall-stone passing the biliary duct; or calculi passing through the ureters into the urinary bladder. An obtuse pain in any part will occasion vomiting; but an injury to the stomach itself will be attended with fatal effects. A man, walking through Fleet-street, quarrelled with a woman; another female came up, and gave him a blow on the region of the stomach, which caused almost instantaneous death. Upon dissection, to discover the cause of his expiring so suddenly, no disease could be perceived. A man, belonging to the India House, was attempting to lift a weight, when another came up, and jocosely said, "Here, stand on one side; let an abler man attempt it;" and at the same instant gave him a slight blow on the stomach, when the poor fellow dropped down and expired. His body, upon being opened, shewed no marks of violence. It is not yet ascertained how blows on this part act; whether more immediately on the stomach, the diaphragm, or on the semi-lunar ganglion of nerves behind the stomach.

Irritation is either local, or constitutional; sometimes affecting only particular parts, at others being diffused throughout the entire system. Thus, a pain in a tooth will produce abscess of the jaw; and if the matter cannot escape by its sides, a fungus may be the consequence; yet if the affected tooth be drawn, the matter will be discharged and all do well. Many cases of this kind have fallen under the observation of the learned Professor, and he would relate a few of them by way of illustration.

Some years since two persons came to him from Wisbeach, (their coming from the same town to

him, and with the same disease, was quite accidental, not knowing each other's situation or intention,) each having an abscess in the jaw,—and upon examination he found them pretty extensive—they were of long standing—there was pain in some of the teeth; these teeth Sir Astley directed should be removed—they were so, and the persons completely recovered in a few days. A lady from Essex was for a long period afflicted by a fungus in the cheek; every possible exertion was used to destroy it, but in vain; upon stating that she had a pain in one of her teeth, opposite the disease, she was recommended to go to a dentist and get it drawn; this was done, and the complaint soon disappeared. A gentleman of Sir Astley's acquaintance, had for many years been exceedingly annoyed by an ulcer on the chin, every attempt to heal which had proved ineffectual; in fact, it was considered incurable. At length one of the teeth opposite the wound became painful; this tooth was extracted, and to the astonishment and delight of the patient, his malady was no longer discernible. These cases are mentioned to show the importance of attending with all possible earnestness to the effects of sympathetic diseased actions. Sometimes the most trivial local causes will produce very great constitutional derangement: a young man, apparently in good health, applied to Sir Astley respecting some disorder in the urethra; upon introducing a bougie he became pale, and fainted; and this is not an uncommon occurrence when the operation is for the first time performed on persons having an irritable habit. Strictures of the urethra, even very slight ones, occasionally produce the most painful constitutional affections. And whenever an important organ is injured, the constitution appears to suffer exceedingly; or when an organ not possessing in itself much restorative power is damaged, then the constitution becomes very much disturbed.

In compound fractures, constitutional irritation usually runs very high: the heart, brain, and stomach, are much affected; the tongue is parched; if the attack be but slight, it is covered with a whitish fur; if pretty severe, a yellow fur; and if very severe, with a dark brown one: the stomach now becomes irritable; vomiting ensues; intellect deranged; difficulty of breathing; great prostration of strength; and scarcely any secretion of bile.

Sir Astley once took from the gall-bladder of a boy (who had died from an injury received in his brain,) a fluid that had not the slightest resemblance to bile.—Thus in constitutional irritation, whether from external or internal disease, every part of the system is affected by it; and it appears to be brought about in the following manner:—when any part of the body receives an injury, the nerves convey to the important organs, as the heart &c., a sense of that injury; nature immediately commences the reparative process, which she does by stopping all the customary secretions; the various outlets being thus closed, the blood collects in large quantities in the great vessels near the heart; this powerful organ then throws with all its force the blood to the wounded part; this gives rise to inflammation, adhesion, suppuration, or whatever process nature deems the best to accomplish the desired effect. Here is a lucid illustration of the manner in which nature contends for cure; during the battle, she occasionally requires to have her ardour checked, or supported in proportion to her powers; we must watch her proceedings with "Eagles' eyes," and be exceedingly cautious in all our proceedings; for, if we should open the various sluices of the body too soon, and restore the numerous secretions, it will necessarily happen that the blood will be abstracted from the wounded part and that the work of reparation can no longer continue.

Constitutional irritation will be very different; that is, much greater in some persons than in others, so that a wound, which in one man would be attended by the most dangerous consequences, would not probably in another augment or diminish a single ordinary function: this entirely depends on the state of the system at the time of the injury; thus, many of the gentlemen present would probably *now* conquer a disease without difficulty, that *in the spring* would inevitably *conquer* them; that is, if they pay attention to their professional duties as they ought, by devoting a consistent portion of time to dissecting-room instructions. The following cases are important, and impressive, and show in a powerful light the dreadful constitutional results that occasionally happen from very slight local causes.

A man who had lived intemperately, was bled by the late Mr. Saunders; two days after, he was taken ill; on the 5th the arm was inflamed above and below

the elbow, and pus was discharged from the wound, his pulse was 120, with delirium. Opium was used both internally and externally, combined with other medicines. On the 6th day his pulse was 110. On the 7th he was purged, and his delirium became less violent; a poultice of bread and water was applied to the arm with opium; the 8th day the pulse was 120, the edges of the wound covered with a brown substance, and having a fleshy feel, the arm discharged a bloody serum; and on the 9th, notwithstanding every assistance that art could devise, he died. On dissection, the skin was found mortified round the arm, the cellular membrane inflamed and suppurated, but the vein which had been opened was uninjured.

The late Dr. Ludlow when out shooting, in getting through a hedge, received in his thumb the prick of a thorn; the part soon became inflamed, and though he procured the best surgical assistance, yet died of tetanus within a week after the accident.

Another remarkable case was that of a brewer's servant, who in removing some casks (on a Saturday,) got forced under his thumb nail a small splinter of wood; at the moment he did not regard it, but the same night awoke in considerable pain, and requested his wife to get up and make a poultice; this he applied, but it did not afford him any relief. On Sunday he became worse; Tuesday the pain had extended up the arm; his hand swelled; a surgeon visited him, and found what we have just described; Thursday Sir Astley was consulted; upon inspecting the hand, he remarked that matter existed; a lancet was applied near the part where the splinter had entered, and a considerable quantity of matter was immediately discharged; the man appeared greatly relieved, and Sir Astley thought he would do well; but upon hearing a noise as he was about to leave the room, he looked round; the man, by a convulsive effort, had raised himself, when he instantly fell back and expired. An instance opposite to those just mentioned, showing how great a degree of injury may be incurred and yet the person do well, is likewise furnished us by another brewer's man, who was run over by a dray. His elbow joint was opened, and the bones fractured. He would not submit to an operation, although strongly advised to do so. The wound was dressed by a surgeon; it soon healed; no unfavourable symp-

toms followed, and he speedily recovered.

Irritation is greatest in children, and least in aged persons; the former are very much affected by operations, whilst the latter are very slightly so. Children under two years of age, upon having stones removed from their bladders will frequently be carried off by convulsions; therefore do not, if you can possibly avoid it, ever perform the operation on a very young child, at all events, not under three years of age. The most secure age for the stone operation is sixty.

One of the worst kinds of irritation, is that occasioned by the absorption of morbid matter during dissection; it is therefore impossible that you can be too careful of your instruments when inspecting dead bodies: carelessness in this respect has ended in the loss of many a valuable life.

The learned Professor concluded this Lecture, by recommending the Students to take copious notes of all particular cases; as data for reference they will be found invaluable.

St. Thomas's Hospital.

WEDNESDAY EVENING,
Oct. 8, 1823.

LECTURE SECOND.

THE Theatre to-night is crowded to excess; not a single seat unoccupied; indeed many gentlemen are at the doors, peeping over each other's shoulders, unable to gain what is termed "a footing within the walls:" notwithstanding, however, the numerous audience, there is no noise, no rioting, no idlers,—all seem to be fully impressed with the important nature of their profession, and the profound, undivided attention that it requires.

Sir ASTLEY COOPER began by observing, that he should now describe the treatment requisite for Irritation, but not at any great length, as he should have to allude to it when he spoke of the treatment of Inflammation, both being nearly the same

Where constitutional irritation arises from a local disease, to it must your remedies be applied; but on the contrary, where local disease is either promoted or aggravated by a course diffused throughout the system, then your remedies must be directed to the

disorder of the system; and as that improves, so will the local malady disappear. A short time since, a case of compound fracture was brought into Guy's hospital. For the first five days there was no alteration; after a time, however, the man's constitution suffered very considerably: a probe was passed into the wound, and a loose portion of bone was found pressing against one of the anterior muscles of the leg; the part was dilated by a scalpel; the detached bone extracted; his constitution began to recover its former vigour; his health very rapidly improved, and he is now discharged cured.

A case of simple fracture, at Guy's hospital, was attended with violent irritation; the part became much inflamed; after a short time it was thought necessary to amputate the limb; upon examining it, small pieces of bone were found in the situation where union ought to have taken place.

Constitutional Irritation must not be suddenly subdued, nor entirely destroyed, as a certain degree of irritation shows that nature is endeavouring to accomplish the reparative process; keep it within moderate bounds, and I again repeat, that you will defeat the efforts of nature if you entirely check it; carefully watch its progress; do not let it become violent.

There are two means of reducing Irritation:

First, by restoring to the different organs, their various secretions; the outlets becoming opened, fever will be much lessened. A man who has his skin hot and dry, and his frame altogether in excessive heat, will feel himself comparatively cool, if you can produce on his skin a free perspiration. To bring about the secretion of the intestinal canal, you must give aperients; but when the irritation is very severe indeed, you must not limit your medicine to any particular part, but endeavour to bring about all the secretions. And this is best accomplished, by administering mercurials to act upon the liver, saline medicines upon the intestines and kidneys, and antimonials on the skin.

The second method of relieving, is to lessen the irritability; this can be done, by giving opium, and antimony combined; one acts on the nerves, the other on the skin; or calomel and opium may be administered; and this is the best medicine for the purpose that Sir Astley is acquainted with. Three grains of calomel, with a grain and a half of opium, for a dose. To this you may add sa-

lines, if you like, *as they are given as much to assist the medical man as his patient* (a loud laugh.) However, it must not be considered that such medicines are entirely useless, as the carbonate of soda, or the liquor of potass, will be found highly serviceable in nearly every case of irritable bladder. Tinct. of opium (laudanum) is also an admirable medicine, in most cases of irritation. It is not right to deplete here to any extent; if you do, the powers of the body will be unequal to the restoration of injuries. A man was brought into Guy's Hospital, for a concussion of the brain: the dresser, who took him in, was a great admirer of venesection, consequently, bled him three times a day; in ten days he died: upon examining the head after death, a very slight laceration of the brain was found, but no inflammation or adhesion; the continued abstraction of blood had robbed nature of her restorative powers. In compound fractures, it is likewise extremely dangerous to bleed largely.

Where there is chronic irritation, no medicine will be found equal to Plummer's pill; five grains may be taken night and morning. If the blue pill be given, it must be combined with some other medicine, or its action will be confined to the liver.

The next subject is

Inflammation.—There are four signs that commonly attend it, viz. redness, pain, increased heat, and swelling.

First, redness. This arises from an increase of the red particles of blood in the part; this is particularly exemplified in the white of the eye during inflammation.

Second, swelling or tumour is owing to the greater determination of blood to the affected part; it is not altogether owing to this circumstance, but arises in a great measure from an effusion of serum into the cellular membrane; a portion of this coagulates; hence the hardness of the inflamed part.

Third, increased sensibility is owing to distension of the nerves Parts naturally insensible are quite the reverse when in a state of inflammation. Sir Astley was called a short time since to a case where it was requisite to saw off a piece of bone; during the operation, he opened a cavity in which was a small piece of bone and a fungus; the latter was extremely sensitive; extract of belladona applied to it gave instant ease. Bones, though destitute of sensation in their healthy state, are dreadfully painful when inflamed. It is exceed-

ingly improper to perform operations upon parts when inflamed.

The fourth is increased heat.

Mr. Hunter denied this: he introduced a thermometer into the opening when operating for hydrocele, and it rose to 101; after 24 hours it was no more than 100. Though no increase of heat is evinced in internal inflammation, yet when the malady is on the surface of the body, an alteration of seven degrees takes place; as on the inside of the thigh, where a blister was applied, the thermometer rose to 90, while on the inside of the opposite thigh it only reached 83.

Inflammation has four terminations.

First, adhesion. This arises from coagulable lymph being thrown out into the cellular membrane, and the parts become glued together.

Second, suppuration, or secretion of matter. This is composed of particles nearly similar to those of the blood swimming in a fluid which supports them and this fluid coagulates.

The third is absorption or ulceration, which eventually arises from continued pressure, thereby allowing the escape of the extraneous body.

The fourth is the destruction of life. Enfeebled by excessive action, the blood towards the extremities becomes coagulated, and gangrene is formed.

The constitutional effects are similar to those of the disease mentioned in the last lecture.

The inflammation is healthy or unhealthy. No wound can be restored without the former; even the little wound made in bleeding would inevitably destroy life, were it not for this salutary principle. A slight inflammatory action throws out upon the edges of the wound adhesive lymph, by which the edges are permanently united.

When a ligature is put upon a large artery, unless inflammation supervened, it could not be of any use; the first thing nature does in this case is to form a clot of blood at that part of the vessel where it has been tied, inflammatory action taking place, adhesive matter is thrown out, and the plug of blood and internal coats of the artery become firmly glued together, so as to prevent the possibility of hæmorrhage when the ligature comes off: should the constitution be in an unhealthy condition, however, this process would not be executed, so that upon the ligature's coming off, the person might die of hæmorrhage. Spontaneous

inflammation is generally unhealthy.

Sir Astley concluded by observing, that he had expected to have reached the subject of specific inflammation; but as there was not time, he would begin it on Monday next.

THE LANCET.

SUNDAY, OCTOBER 12, 1823.

THE REVEREND

DR. COLLYER,

D.D. LL.D. F.A.S., &c. &c.

We now proceed to redeem our pledge of last week; and shall go at some length into the mysterious transaction connected with the above Gentleman, and in which he appears to have been the principal actor. The task is loathsome and disgusting; but having, in our last Number, ventured to assert that this subject had not been sufficiently investigated, we now, though reluctantly, yet boldly, stand forward to justify that assertion.

DEPOSITIONS.

Robert Piper, of Marlborough-street, Havill-street, Camberwell, Surrey, labourer and plasterer, states, That he is aged eighteen; that it is true, as sworn in his Affidavit of the 23d day of August last, that this Examinant and his parents have known Dr. Collyer, late of Addington-square, Camberwell, for several years past; that it is true that Examinant frequently saw the said Dr. Collyer, who inquired after Examinant's health, at the Baths, in Addington-square aforesaid; but Examinant saith, that, to his knowledge, he never *met* Dr. Collyer but once, on which occasion Examinant was on his way from the New Church, on the banks of the canal, to the said Baths, at which Baths this Examinant had been employed for the space of four years and a half by Mr. Day, whom Examinant believes to be the proprietor thereof; that it is true that Examinant, in answer to a question put to him by the said Dr. Collyer, did reply, that he felt a pain when he walked fast; that it is true that the said Examinant was asked by Dr. Collyer whether he felt a pain across his belly, to which Examinant replied in the affirmative; but Examinant saith, that he did not complain of pain either in the chest or in or about the groin, although Dr. Collyer did inquire whether he felt any pain in the groin; that it is true that Dr. Collyer asked Examinant if he had any objections to being examined; but that, although he ultimately consented to such an examination, he previously hesitated about it, and observed, that *if Dr. Collyer thought there was any thing the matter with him*, he would be examined; that this conversation, as deposed to by this Examinant, took place between him and Dr. Collyer, at a bath, called the Common Bath; in which the lower order of people bathe at a penny each for boys, twopence each for youths, and threepence each for men; and which Common Bath is separated from the Select Baths by part of a field one hundred yards or thereabouts in length; that it is true this Examinant accompanied Dr. Collyer to the Baths, by which this Examinant meant, and does mean,

that at the instance and request of Dr. Collyer, he went with him from the Common Bath across the fields to the Select Baths; that, on arriving there, Examinant and Dr. Collyer together entered a private bath; that, immediately afterwards, Dr. Collyer said to Examinant, "Can any body see us?" to which Examinant replied, "No;" when Dr. Collyer put out of his hand a telescope and a stick; that Dr. Collyer fastened the inside of the bath; that it is true that Dr. Collyer examined this Examinant's person, for he said to Examinant, after they had so entered the bath, "Now, Piper, unbutton your * * * * * * * * * * *;" that Examinant felt abashed and confused, when Dr. Collyer said, "You have no occasion to be afraid, I am going to do no harm;" that this Examinant did as he had been requested by Dr. Collyer, when the latter felt the groin of Examinant on each side of * * * *, and observed, "You have got two lumps, one on each side of your groin, and if you don't take care of yourself, it will take you into a decline;" that Dr. Collyer then laid the thumb and fingers of his right hand upon the * * * * * * * * * *, asking Examinant if he felt any sensation, to which he replied, "No;" that Dr. Collyer then practised a continuance of such treatment, repeating his former question, till at length there was a * * * * * * * * * * * * * * * * * *; that Examinant was in a great perspiration and tremor; that he was alarmed thereat, when Dr. Collyer observed, "This shows you have got a free passage," and, as truly stated in the Affidavit of Examinant, advised him to bathe four times a-week, to drink chamomile tea every other morning, and gave to this Deponent 2*s.* 6*d.*:—that Dr. Collyer and Examinant then quitted the bath together; that Dr. Collyer proceeded from the Select Baths across the field to the Common Bath, which is surrounded by a wall ten feet in height, whilst Examinant proceeded to two persons of the names of Keates and Towsey, who were both at work at the door of the Select Baths, and communicated the conduct he had received at the hands of Dr. Collyer to them, both of whom saw Examinant and Dr. Collyer enter and retire from the said Bath; that Dr. Collyer, a few minutes afterwards, returned from the Common Bath across the field to the Select Baths, accompanied by Richard Povey; that Povey and Dr. Collyer both entered the same bath; that Keates and Towsey (whose suspicions had been excited with respect to the Doctor's conduct, from the communications made to them by Examinant), accompanied by Examinant, immediately ascended to the top of the bath, and through a small hole in the ceiling thereof, (which is now stopped up) each of them looked; that Examinant saw the hand of Dr. Collyer upon the ***** of Povey, when he was shoved away by Keates and Towsey; that it is true that, *two or three days afterwards*, Dr. Collyer again saw Examinant, and gave this Examinant a card, containing the direction of a surgeon, to whom he never applied; that it is true that Examinant had not any guilty or improper motive for consenting to such examination, conceiving, as this Examinant did, that Dr. Collyer thought it necessary, as he stated that he was a Doctor of Medicine as well as a Doctor of Divinity, and Examinant considered him so to be, and therefore he did not consider the examination was at all indecent or wrong.

ROBT. PIPER.

Witnessed this eighth day of Oct. 1823.

JOHN DAY.

Richard Povey, of Artichoke-place, Camberwell, Surry, stone-polisher states, that he is twenty-two years of age; that it is true as sworn in his Affidavit of the twenty-third day of August last, that he has known the Rev. Dr. Collyer, late of Addington-square, three years or thereabouts; that Examinant verily believes it to be true that three years or thereabouts this Examinant's mother requested the said Dr. Collyer to get this Examinant a situation in the East India service, and that the said Dr. Collyer desired this Examinant's mother to let him see this Examinant, as his mother communicated thus much to him this Examinant; that it is true, that this Examinant called at the house of the said Dr. Collyer (this Examinant being then out of work) when the said Dr. Collyer took him Examinant into the Library, and asked him whether his health was good, and whether Examinant had any *******, for that if he had, he, the said Dr. Collyer, could be of service to him, as he belonged to the Truss Society. And this Examinant saith, that in answer to the question of Dr. Collyer, Examinant said, "No;" when Dr. Collyer immediately observed, "there appear to be some lumps in your groin. I have studied medicine, and can relieve you, therefore let me see, as I cannot recommend any body to the India House unless I recommend them perfectly sound;" that it is true that the said Dr. Collyer examined this deponent's person, which he did by pressing his hand on each side of this Examinant's groin, observing, "You are perfectly free from any thing of that kind." That this Examinant then quitted the house of the said Dr. Collyer, the said Dr. Collyer having promised his interest to procure Examinant a situation in the India House, and remarked that he had four or five on his list before this Examinant; that it is true that this Examinant did not consider the said examination at all indecent or wrong, and that he this Examinant had not any guilty or improper motive for suffering such examination, conceiving that the said Dr. Collyer thought it nesessary, and so Examinant considered it to be before the said Dr. Collyer, could apply for such situation; but this Examinant would never have consented to such an examination by the said Dr. Collyer, had not he, the said Dr. Collyer stated he had studied medicine, and had not Examinant thought such examination must be had before his name could be taken down in the list for the aforesaid situation. And this Examinant saith, that previously thereto he had never seen the said Dr. Collyer to his knowledge or belief; that it is true that Examinant about four months ago saw the said Dr. Collyer, who inquired after his health as he was frequently accustomed to do, though Examinant saith, that to his knowledge he did not meet the said Dr. Collyer, but that Examinant was at work at the Common Bath, which is separated from the Select Baths by part of a field, eighty yards or thereabout in length; that this common bath is enclosed by walls ten feet in height; that there is a space within the walls extending about three or four feet from the said walls to the edge of the bath over which there is a temporary erection of the description of a shed, *under which the boys, youths, and men, who bathe at a* PENNY, TWOPENCE, AND THREEPENCE EACH, UNDRESS THEMSELVES; *that the said Dr. Collyer came to this Common bath, in which boys and others were then bathing, and took a seat under the temporary erection or shed before mentioned, which Examinant never saw any other gentleman do;* that the said Dr. Collyer shortly afterwards addressed himself to this Examinant in the following words, or in words

to the following effect: "Povey, I have noticed the boy Piper lately; he don't seem very well; do you think he ******** himself?" That Examinant replied, "I'm sure, Sir, I don't know;" when Dr. Collyer rejoined, "because it's a common thing amongst boys at school, and Piper is at a time now that by taking care of himself he may live to an advanced age, and by doing otherwise he may go into a consumption;" that Examinant answered the said Dr. Collyer, by saying, "I'm sure, Sir, I don't know;" that the conversation here ended, this Examinant resuming his work and the said Dr. Collyer shortly afterwards quitting the bath; that a short time only had elapsed before the said Dr. Collyer again entered the Common Bath in which this Examinant was still at work, and in which boys and others were still bathing, and as truly stated in Examinant's Affidavit, did inquire after this Examinant's health; that it is true this Examinant did reply that he had a slight weakness upon him; that it is true that Dr. Collyer did ask whether it arose from the ******** complaint; but this Examinant saith, he answered, "No;" which was and is the fact, as this Examinant was not afflicted with that complaint, nor with any other whatever, save the slight weakness before mentioned, and which weakness this Examinant saith, arose from a sprain, caused by his being accustomed to do, among other feats of agility and strength, that of this Examinant holding his hat with his right hand perpendicularly about seven feet in height, and whilst it was in that position, kicking the same with his right foot, the left foot at the same time being firmly placed on the ground, from which cause, added to great trial of his strength in jumping, and from no other cause, in the judgment and belief of this Examinant, had the said weakness arisen; that it is true the said Dr. Collyer asked this Examinant whether he had any pain across the stomach, and that this Examinant replied he had such pain, and that it occasioned sickness, but this Examinant saith, that the slight sickness to which he alluded, was a feeling of nausea, with which this Examinant was sure to be annoyed, if on the previous night he had taken more than he had been accustomed to drink; that it is true that this Examinant accompanied the said Dr. Collyer to the Select Baths, by which this Examinant meant and does mean that at the instance and request of Dr. Collyer he went with him from the Common Bath across the field to the Select Baths; that it is true that this Examinant and Dr. Collyer on arriving at the Select Baths entered one of the private baths; that it is true that the said Dr. Collyer then examined the person of this Examinant, previously shutting the door (which was not fastened) and saying, "Now, Povey, let me look at you;" that the said Dr. Collyer had a telescope under his left arm, and held a stick in his left hand; that it is true that the said Dr. Collyer examined this Examinant's person, which he did by * * * * *

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that he never looked in the face of the said Dr. Collyer, feeling abashed and ashamed, and that he would have insisted upon leaving the room, which he had a great desire to do, had he not thought that the said Dr. Collyer considered it necessary so to examine him, the said Dr. Collyer having stated that he had studied medicine, and this Examinant thinking that in order to prescribe for the weakness of which Examinant had complained, it was essentially necessary he should submit to such an examination; that this Examinant turned himself nearly about, and towards the door, with the view of retiring

at once from the said Bath, when Dr. Collyer told Examinant, as truly stated in this Examinant's Affidavit, that he Examinant had a weakness upon him, and at the same time requested again to examine this Examinant's person; that this Examinant under a firm conviction in his mind that it was necessary still to submit to such examination, did with great reluctance again consent to expose *** *****, but, as if it were at one and the same time, he altered his determination of consenting to any further examination, and forthwith retired; that it is true that the said Dr. Collyer then desired him to restrain his passions, and that he gave to this Examinant religious advice; that this Examinant and the said Dr. Collyer came out of the bath, when Examinant, as is truly stated in his Affidavit, went to and told his fellow workmen of the circumstance, observing, "*I am ****** if I have any more doctoring;*" that it is true that one of them observed he ought to be thrown into the canal, and that this Examinant asked why; and that the man replied, for suffering the Doctor to examine him; that it is true this Examinant expressed his dislike to it, which he did in very violent terms; and that it is true that he this Examinant said, that any man in his situation would have acted in the same way, and that he would fetch the Doctor back instantly that he might clear it up; and that he, this Examinant did so soon afterwards, for this Examinant saith, that knowing himself conscientiously free from any bad or improper motive, he was indignant and in a rage, at the suspicion which existed in the minds of, and which was expressed by his fellow-workmen in regard to the said examination; and this Examinant saith, that he was never before examined by any surgical or medical man, or by any other person, nor did he ever undergo any examination whatsoever, save that of which he has before spoken, and which the said Dr. Collyer represented as necessary, and which this Examinant considered as necessary before the said Dr. Collyer could place Examinant on his list as a person desirous of obtaining a situation in the India House. And this Examinant saith it is true that the said Dr. Collyer on being fetched back by this Examinant did explain the case to the workmen, by which Examinant meant and does mean that Dr. Collyer explained the whole of it in his way, and represented to them that if his conduct was to be construed in a criminal light, he must leave off doing good for poor people; that it is true that the workmen appeared satisfied, and that Dr. Collyer went away, though Examinant saith, that several of the said workmen immediately afterwards said that they meant they were satisfied that Dr. Collyer had acted in a disgraceful and indecent manner; that Examinant thereupon told them, as is truly stated in the Affidavit, that he this Examinant had no guilty or improper motive for suffering such examination, and stated also, that had he known that Dr. Collyer had previously been in the bath with Piper, he this Examinant should have known what he had meant, and Examinant said "he'd be ****** if he this Examinant would not have knocked him into the bath—that he should have gone in for a certainty;" or this Examinant expressed himself in words to such or the like effect. And this Examinant saith, it is sworn in this Examinant's Affidavit, that nothing indecent or improper was said or done to this Examinant by the said Dr. Collyer during such last examination, or at any other time; but this Examinant saith, that the allegation in question was made by Examinant under an impression that Dr. Collyer considered the

examination necessary, and so he induced Examinant to consider it, and so Examinant did consider it, in consequence of his own slight weakness, in consequence of the representations of the said Dr. Collyer that he had studied medicine, in consequence of Dr. Collyer's statement that he could relieve Examinant, that he could give him advice, or could procure medicine for him. And Examinant states, that being altogether ignorant of the extent to which the examination of a surgeon would go, and considering it therefore only what a surgical or medical man would have done under similar circumstances, he consented to the same; but this Examinant having been since informed, and now believing what momentarily he afterwards suspected, though he Examinant knew not the fact of his own knowledge, that the examination he underwent was widely different from that which a regular surgeon would have required, this Examinant states, that had he known as much before, or had he known of the said Dr. Collyer's conduct with Piper, he would most assuredly have carried into execution the threat which he made to the workmen, on the discussion of the subject with them, immediately after the same occurred. And this Examinant saith, that the statement contained in the Memoir of Dr. Collyer, that he this Examinant was sinking into a premature grave from the effects of disease brought on by vicious indulgencies is false and scandalous, this Examinant being, in the judgment of all who know him, robust, healthy, and strong.

RICHARD POVEY.

Witnessed this eighth day of Oct. 1823.

JOHN DAY.

WILLIAM TOWSEY, of Norfolk-street, Southwark, stonemason, states, That it is true as sworn in this Examinant's Affidavit of the twenty-third day of August last, that about four months ago this Examinant was at work near the Baths, in Addington-square, Camberwell; that it is true that this Examinant, in consequence of some information from a fellow-workman of the name of Robert Piper, relative to Dr. Collyer, did get upon the roof of one of the Select Baths; that he did look in through a hole in the ceiling, and that he did see the said Dr. Collyer examining the person of Richard Povey, which was exposed; but this Examinant saith, that the information mentioned in this Examinant's Affidavit, as coming from this Examinant's fellow-workman, Robert Piper, was given to him, this Examinant, by the said Robert Piper in the following manner; that is to say, this Examinant saith, that having seen the said Dr. Collyer and Robert Piper quit one of the Select Baths, the said Robert Piper, *immediately after he had quitted the said Bath*, came to this Examinant, and to one Timothy Keates, and told this Examinant and the said Timothy Keates; that the said Dr. Collyer had * * * * * * * * * * * * *, and had given to him the said Robert Piper 2*s.* 6*d.*; that the said Robert Piper also told this Examinant, and the said Timothy Keates, *that he never would go in there again with the said Dr. Collyer*: and this Examinant saith, that the said Robert Piper appeared to be *considerably agitated, was in a great sweat, and looked very pale at that time.* And this Examinant saith, that it was shortly after the said conversation had between him and the said Robert Piper, that he saw the said Dr. Collyer return to the said Select Baths, in company with the said Richard Povey, who was working at the Common Bath, which is separated from the Select Baths by part of a field, eighty yards, or thereabouts, in length; that he saw the said Dr. Collyer and Richard

Povey, together enter one of the Select Baths; that he was the first to ascend the said Bath, that he saw the said Dr. Collyer with his hand upon the ***** of the said Richard Povey * * * * * * * * * *; that it is true the said Dr. Collyer and R. Povey continued in the room ten minutes; but Examinant cannot speak positively to the time, though in the judgment of Examinant, he considers it was much longer; that it is true that the said Dr. Collyer, during such examination, had in his possession a stick and a telescope, but Examinant saith that the telescope was placed under the left arm of the said Dr. Collyer, whilst the stick was held by the left hand; and, as truly stated in this Examinant's Affidavit, this Examinant believes the said Dr. Collyer had a great coat or a spencer on; that it is true that the said Dr. Collyer and Richard Povey, during the whole of such examination, stood face to face, and that the said Dr. Collyer did not place himself in any other position about the said Richard Povey's person; but Examinant saith, that although the parties stood with the front of their persons towards each other, yet that the said Richard Povey never looked once in the face of the said Dr. Collyer, but appeared desirous of getting away from the said Dr. Collyer, by turning himself in the direction of the door: that after Examinant had descended from the bath, the said Richard Povey quitted the bath, and came up to this Examinant and the said Timothy Keates, and to one Thomas Barton, and said, "*I'll be ****** if I'll have any more doctoring;*" and that the said Thomas Barton replied, "You ought to be thrown into the canal;" that the said Richard Povey inquired, for what? and that the answer given him was "For letting the Doctor examine you." And the said Richard Povey remarked, that although he did not like it, yet, that any man in his situation would have done the same, and, that he would fetch back the Doctor, that he might clear it up; that shortly afterwards, the said Richard Povey, accompanied by the said Dr. Collyer, came up to the said Timothy Keates and Examinant; and that the said Dr. Collyer addressed the said Timothy Keates, and told him that what he had done was out of good; and this Examinant saith, that the said *Timothy Keates, pointing to the said Robert Piper, did say to the said Dr. Collyer,* "WHY DON'T YOU SPEAK TO THAT BOY?" *which the said Dr. Collyer did not do;* but, in very high language, said, if he heard any more of it, he would punish them all, if it cost him 10,000*l*; that it is true Examinant said he was satisfied, but Examinant meant, that he was satisfied that the said Dr. Collyer had acted shamefully and indecently, and but for the threats held out, he would have told every body of the circumstance. And this Examinant saith, that, in the statement in his deposition, that nothing indecent was done by the said Dr. Collyer, this Examinant so deposed, because Examinant considered that such an examination was necessary; and, as Dr. Collyer said he had walked the Hospitals, Examinant thought a surgeon would have done the like; but Examinant saith, that he since understands otherwise, and that the examination was widely different from that of a regular surgeon; and that Examinant would have suffered no man, whether surgeon or not, to have examined him after the mode of the said Dr. Collyer. And this Examinant saith, that the persons by whom he was questioned on this matter, told him they could make nothing of what the said Timothy Keates said on the subject, and expressed themselves, that they could not understand the statement of the said Timothy

Keates, which they said was a confused one.

WM. TOWSEY.

Signed the eighth day of October, 1823, by the said WILLIAM TOWSEY, in the presence of

J. WEAVER.

TIMOTHY KEATES, of Collingwood-street, Camberwell, Surrey, stonemason, states, that four months since, or thereabouts, he, this Examinant, was working at the Select Baths in Addington-square, Camberwell, aforesaid; that from out of those baths he perfectly well recollects having seen the Rev. Dr. Collyer, in company with a youth named Robert Piper, who was at work at the Common Bath, come; that the said Robert Piper, directly after he had quitted the said baths, came to this Examinant and to one William Towsey, who was also at work at the said Select Baths, and told this Examinant and the said William Towsey, that the said Dr. Collyer had * * * * * * and given to him, the said Robert Piper, half a crown; that the said Robert Piper also told this Examinant that he never would go in there again with the said Dr. Collyer: and this Examinant saith *that the said Robert Piper appeared to be in a great perspiration and tremor, and appeared as if he were about to shed tears in consequence of what had passed between him and the said Dr. Collyer:* and this Examinant further saith, that shortly afterwards he saw the said Dr. Collyer return to the said Select Baths, in company with one Richard Povey, who was working at the Common Bath, and which is separated from the Select Baths by part of a field eighty yards or thereabouts in length; that the said Dr. Collyer and Richard Povey, together, entered one of the Select Baths; *that in consequence of the information given Examinant by the said Robert Piper*, he ascended to the top of the Select Baths, in company with the said Robert Piper and William Towsey; that this Examinant peeped through a hole made in the ceiling thereof (which has been since stopped up); that he saw the said Dr. Collyer put his hand upon the ***** of the said Richard Povey, about the *** or ****** thereof; that the said Richard Povey appeared to Examinant to be desirous of getting away from the said Dr. Collyer, and turned himself towards the door of the said Bath; that during all the time which this Examinant saw the said parties together, the said Richard Povey never looked once in the face of the said Dr. Collyer; that he saw the said Richard Povey hastily button his ****, when Examinant descended from the top of the said bath; that the said Richard Povey then came to the Examinant, and said, "*I'll be ****** if I'll have any more doctoring;*" and that one Thomas Barton, who was also at work at the said baths, replied, addressing himself to the said Richard Povey, "you ought to be thrown into the canal;" that the said Richard Povey asked, "for what?" and that the answer given him was, "for letting the Doctor examine you," when the said Richard Povey observed, that although he did not like it, yet that any man in his situation would have acted in the same manner, and that he would fetch the Doctor back instantly, that he might clear it up; that shortly afterwards the said Richard Povey, accompanied by the said Dr. Collyer, came to this Examinant, and in the presence of the said Thomas Barton, William Towsey, and Robert Piper, and in that of Frederick Jacobs and James Barnes, the said Dr. Collyer addressed himself to this Examinant, and asked him what he had to say; that he the said Dr. Collyer had walked the Hospitals, and that what he had done, he had done out

of good; that this Examinant answered the said Dr. Collyer, and said, *pointing to the said Robert Piper*, WHY DON'T YOU SPEAK TO THAT BOY? *that Dr. Collyer did not enter into conversation with the said Robert Piper, but only asked this Examinant and the others if they were satisfied;* that this Examinant did say he was satisfied, by which he meant, and does mean, that he was satisfied that the said Dr. Collyer had acted in a disgraceful and indecent manner: and this Examinant saith, he intended to tell, and would have told, the said Dr. Collyer that such was the opinion of this Examinant with regard to his conduct, but Examinant saith that the said Dr. Collyer spoke in high language, observing, that if he ever heard any more of it, if it cost him 10,000*l.* he would have the law of them: and that by reason of the threats held out by Dr. Collyer, that he would legally proceed against this Examinant, and for no other reason did this Examinant stay the expression of his indignation at the indecent conduct of the said Dr. Collyer: and this Examinant saith he had never before spoken to the said Dr. Collyer, and that Examinant saw the said Dr. Collyer on the following Monday, when the said Dr. Collyer, addressing himself to this Examinant, said, "Good morning, Keates. It's a fine morning. How do you do?" And this Examinant saith, that he hath never since spoken to the said Dr. Collyer: and this Examinant saith, that in the course of the investigation which has recently taken place on this subject, he, this Examinant, was applied to by three or four gentlemen, whom Examinant believes were engaged in explaining the circumstances of the case, and to whom this Examinant expressed himself in the like manner as before stated, and to whom Examinant also stated his readiness to depose on oath to the truth thereof; but Examinant saith, that no application has been made to him to subscribe his statement, or to swear to the truth thereof, although he has been at all times ready and willing so to do.

TIMOTHY KEATES.

Signed the eighth day of October, 1823, in the presence of
GEORGE BACON.

What will be thought of these depositions we know not. But altogether we consider the affair to be one of the most extraordinary that ever excited public attention. We will leave the depositions for the present, and proceed to remark upon the Doctor's own history of the matter. These are his words: "*The time is arrived* when it becomes necessary and proper for me to give every explanation in my power relative to facts upon which the most malignant and revolting reports have been circulated respecting me. I deem it one of the alleviations of this cruel case, that these had reached some respectable individuals before my arrival in London; that enquiries were immediately instituted, and the parties themselves examined; and that those who acted with such candour and promptitude came to a conclusion, satisfactory to themselves and exculpatory of me,

" as to the suspicions excited, cer-
" tainly altogether uninfluenced
" by me, because prior to my
" knowledge of the prevalence of
" such a slander.

* * * * * * * * * *

" At the commencement of May
" last, the evident ill health of a
" lad, whom I had frequently no-
" ticed almost from a child, toge-
" ther with the application of a
" young man on his own account,
" led to those examinations, upon
" which an accusation is founded,
" but which I considered as merely
" surgical. The depositions of
" the parties sworn before a Ma-
" gistrate, being also of this de-
" scription, are for this reason
" alone, not published ; but copies
" of them are deposited with
" William Scott, Esq. Solicitor,
" No. 26, Bucklersbury — Mr.
" George William Cockerell, No.
" 59, Blackman-street, Southwark
" — and Mr. Robert Sterrell
" Young, Union Row, Peckham
" —for the satisfaction of any who
" may wish to consult them. The
" originals will remain in my own
" possession, where they will be
" equally accessible, at 5, Bruns-
" wick-place, Deptford."

It will be observed that the Doctor says, " The time is ar-
" rived when it becomes neces-
" sary and proper for me to give
" every explanation in my power
" relative to facts upon which the
" most malignant and revolting
" reports have been circulated
" respecting me." What, we ask the Doctor, occasioned the arrival of the time *just then;* viz. *Friday the 22d day of August?* We shall see presently. A little lower down he states that, " The depo-
" sition of the parties sworn be-
" fore a Magistrate, being also
" of this description, are for this
" reason alone, not published ; but
" copies of them ARE deposited
" with Mr. &c. &c. for the satis-
" faction of any who may wish
" to consult them." *Now in reality these very Affidavits were not sworn to by the men until the 23d;* YET THE DOCTOR STATES THAT THEY WERE DEPOSITED, as above described, ON THE 22D. In this instance, as is often the case, anxiety in a great measure defeated the schemes of cunning. To us the truth appears to be this, viz. that Dr. Collyer *did not exactly like to publish his statement while the tongues of the men were free; but having, as he thought, sealed their lips by the affidavits, then, and not till then, had the* " PROPER TIME" *arrived.* " *The Statement,*" in all probability, had been " cut and dried " for a considerable

period, leaving a blank space for the admission of the affidavits.

These documents, or *testimonials of the Doctor's innocence,* upon being obtained, were sent off on the same day to the Committee at Salters' Hall. They appear to have been considered of great importance. But the men assert, that "*they told more than was taken down,*" and consequently, that the affidadavits are not what they intended.

In "The Statement," a little further on, we find the following paragraph:

"Subsequently another report "obtained—relative to a warm "bath, which, it was said, I had "taken with some other person— "respecting which also impro- "prieties were affirmed, but of "what kind I have heard nothing "definite. I recollect taking a "warm bath *a year ago*, under "circumstances of indisposition, "in the presence of a medical "gentleman, who had recom- "mended it, and who attended me "on the occasion for the purpose "of regulating its temperature, "and of observing its effects: "but I am utterly unable to con- "jecture what evil constructions "can be put upon a practice of "daily occurrence, more espe- "cially, as in my own person, on "a former occasion, the absence "of medical assistance, under "similar circumstances, was pro- "ductive of results of an alarm- "ing description."

To this passage we shall reply by an interrogatory. The Doctor says that "he attended a warm bath, "about *a year ago*, in company "with a medical gentleman under "circumstances of indisposition."

Very well: but we ask, Who accompanied him to a warm bath *about two years and a quarter since?* and, if a medical gentleman, whether it is customary for a physician to bathe in the same water as his patient?

The Doctor's *pastime* on the examination morning must not be forgotten. Povey states in his deposition that "*the Doctor was* "*sitting under a shed, where the* "*boys dress and undress, in the* "*Common Bath*, &c. A *thing* "deponent remarks he never saw "any other gentleman do;" and at which we are heartily rejoiced.

There are many other curious parts in these documents that we intended noticing, but upon an inspection of their contents, we are of opinion it is not requisite; they are so very intelligible, that an attempted explanation might confuse, rather than elucidate.

Thus, the *poor men* engaged in

this transaction have had an opportunity of publishing *their statements* as well as the *rich man* his; and, knowing as we do, the infamous treatment that these injured individuals have received from some of the *partisans* of the Rev. Doctor, we should have been guilty of a double act of injustice, had we withheld from the world their exculpatory depositions.

THE DRAMA.

Covent-Garden Theatre.—On Wednesday night Mr. Rayner, who has played rustic characters at the English Opera House with considerable success, made his first appearance at this theatre, as *Tyke* in the *School of Reform.* The deep impression left on the public mind by the admirable performance of Emery, made this attempt arduous, but we are happy to say that it was completely successful. Except that Mr. Rayner wants some of the personal advantages which Emery possessed for representing the stout-hearted ruffian, we do not think his performance at all inferior to that which we were accustomed to regard as the perfection of rude tragedy. From first to last he retained entire possession of the part, never relapsing into himself, or trying to raise a laugh by trickery or burlesque, and giving all the more quiet parts of the dialogue in a natural and unforced manner, which is rarely to be perceived on the stage. In the more trying passages he gave a picture of remorse working in a long-seared conscience, and agitating an uncultivated but powerful mind, which was no less than terrific. His vain attempts to assume the appearance of indifference; the half-stifled utterance with the "climbing passion" forced; his frightfully vivid description of his old father falling down lifeless as he saw him conveyed to the ship, and, perhaps, above all, the interview with his father, where the old affection quivers on his lips and dissolves him in welcome tears, were so powerful and true, that we almost hesitate to call them *acting.* The audience not only testified their sense of his excellence in the principal scenes by loud applauses, but by the still more unequivocal testimony of tears, and by the deep silence which they kept whenever he appeared towards the close of the play. The other parts were acted better than they deserved, for more inane verbiage and sickening

cant were never, perhaps, compressed into the same space than that which the author has distributed among them. Blanchard and Mrs. Gibbs, however, produced some amusement, in spite of the dialogue. At the close of the play, Mr. Abbott came forward to announce the performances for the next night; but his voice was drowned in applause and cries for "Rayner." He persisted, however, in the execution of his task, but the call was renewed when he retired; and after some very becoming hesitation, Mr. Rayner appeared, evidently much affected, and announced that, "with the kind approval of the audience, the play would be repeated on Friday," and retired amidst the cheers of the house. It is really gratifying to record success so genuine, and so fairly earned; and to perceive a line of character where so much excellence was lately displayed filled again by a real and an original actor.

After the play, a melodrame was produed, under the flaring title of the "*Beacon of Liberty.*" It is founded on the history of the deliverance of Switzerland by William Tell, which forms the subject of one of the noblest German tragedies, but which has never been successfully introduced on the English stage. The production of last night is incumbered by an underplot, of which Miss Love is the heroine, as if a great revolution were not a subject broad enough for an afterpiece; and the story, simple and beautiful in itself, is perplexed by the introduction of a number of agents, whose motives and fortnues we neither can nor wish to follow. The single scenes where *Tell* obeys the mandate of the Governor, and shoots an apple on the head of his son, produced considerable effect, but all the rest was tiresome in the extreme. It is hardly possible to describe the language, except by saying that it seems taken from the lowest order of school themes on liberty, or the most Irish of after-dinner orations. We were at first a little surprised, that in the present state of the police, a drama containing such bold invectives on the petty creatures of power should have passed the Lord Chamberlain's Office; but we soon perceived the wisdom of those who allowed it to pass in the contempt it tended to throw on the sentiments which it was designed to honour. There was one ludicrous hit: the Governor's hat is stuck upon a poll for the people to re-

verence, and one of the officer's replies to the scruples of his comrade, as to the reasonableness of the exaction, "Don't we often bow to a hat that has as little in it?" which was greatly relished by the audience. Mr. Bennett played *William Tell;* some of his silent acting was very good, but he marred its effects when he spoke with intolerable mouthing. Miss Foote had little to do as the wife of the hero, but she played with feeling. The music by Bishop was not very new, and except one pretty duet, sung by Master Longhurst and Miss R. Boden, does not require notice. There was some well painted Swiss scenery; but disapprobation was expressed repeatedly in the course of the piece, and it was finally announced for repetition by Mr. Abbott, amidst contending hisses and applauses.

Drury-Lane.—The Comedy of *A Trip to Scarborough* was on Thursday night repeated with great applause. Mr. Browne, as *Lord Foppington*, confirmed, if he did not heighten, the good opinion which had been previously formed of his talents in this line of acting. Some disparaging remarks have been made on his pronouncing *Tom*, *Tam*—*Stop*, *Stap*, &c. but this, if it be objectionable, originates not with him. It was by no means uncommon for Authors, towards the close of the last century but one, to take this mode of ridiculing the fops of their day; an awkward mode perhaps, but still one which an actor ought to respect, as it is certainly erring (if there be any error) on the right side, to adhere too closely to the text of his Author. It is a peculiarity of which we have not often to complain. Miss Booth was again most successful in *Miss Hoyden*. She convulsed the house with laughter, and won the loudest testimonials of universal approbation.

MEDICAL EXTRACTS.

Organs in the animal economy cannot long be so deranged as to produce vitiated secretions, without at the same time giving rise to other deviations from health. The debility of stomach which prevents a due secretion of healthy gastric fluid, must at length produce some of those other effects which are witnessed in disorders of this organ.

The symptoms which arise immediately from undigested food, exist in various degrees in different cases. People frequently

complain of a sense of distention after eating, of flatulent and acid eructations, who, notwithstanding, enjoy good general health; and find that even these symptoms may be prevented by taking less food, and that of a more digestable quality. If they are prudent in this respect, and the constitution is otherwise sound, and not exposed to the effects of indolence and other causes, weakening the nervous system, the stomach will often recover its powers without further means.—*Phillip.*

On Pulmonary Exhalation.—It will be remembered, that one of the great differences between the blood of the arteries and that of the veins, consists in the great quantity of serum found in the latter. It is in the lungs that the separation of this latter part takes place, and that its proportion is reduced, whether it be that oxygen gives albumen and gelatine a greater tendency to concrete, or that the serum formed by the fixation of oxygen throughout the whole extent of the circulatory system, exhales from the arteries, and thus furnishes the matter of pulmonary exhalation. It is scarcely possible to admit the combination of oxygen with the hydrogen of the venous blood, and that water is thus formed from its elements in the same way that this combination takes place when storms are gathering in the high regions of the atmosphere. If a similar process can be carried on in the lungs, without producing deflagration and the various phenomena attending the production of aqueous meteors, it is probable that it furnishes but a small part of the exhalation; and that this humour, analogous to the serum of the blood, exhales completely formed, from the arterial capillary vessels, ramified in the bronchiæ and the lobular tissue of the lungs. It is believed that the quantity of the pulmonary exhalation is equal to that of the cutaneous exhalation (four pounds in twenty-four hours), these two secretions are supplemental to one another: when much water passes off by the pulmonary exhalation, the cutaneous is less active, and *vice versâ.*

The surface from which the pulmonary exhalation is given out is equal, if not superior, in extent to that of the skin; exhalation and absorption are at once carried on from that surface. Many nerves are distributed to it, and are almost exposed in the tissue of the membranes, which are extremely thin. Are the miasmata with which the atmos-

phere is sometimes loaded absorbed by the lymphatics, which it is well known have the power of taking up gaseous substances? or, do they merely produce on the nervous and sensible nerves of the bronchiæ and of the lobular tissue, the impression whence the diseases, of which they are the germ, arise?—*Richeraund Physiology.*

Pernio, or chilblains, are inflammatory swellings of a deep purple or leaden color, to which the fingers, toes, heels, and other extreme parts of the body are subject, on being exposed to a severe degree of cold. The pain is not constant, but rather pungent and shooting at particular times, and an insupportable itching attends it. In some instances the skin remains entire, but in others it breaks and discharges a thin fluid. When the degree of cold has been very great, or its application long continued, the parts affected are apt to mortify and slough off, leaving a foul ill-conditioned ulcer.

Children and old people are more liable to be troubled with chilblains than those of a middle age; and such as are of a scrofulous habit are remarked to suffer severely from them.

The best mode of preventing these affections, is to avoid with much care any exposure to wet and cold; wherefore those who are subject to them should be careful, on the approach of winter, to cover the parts liable to be affected with woollen gloves and stockings; and when the hands or feet are cold, not to expose them too precipitately to a high degree of heat.

In common cases of chilblain, as soon as any part is affected, let it be well rubbed with warm spirits of rosemary, with the addition of about one third of spirits of turpentine; after which, pieces of soft linen may be applied, moistened with camphorated spirits, or any of the embrocations here advised, and they are to be kept on constantly.

When the swellings break or discharge a thin matter, or ulcerate, poultices and emollient ointments may be applied for a few days; but as these are apt to produce fungus on the sores, which it will be difficult afterwards to remove, they should not be continued long; occasional application of caustic to the edges, and dressing the sore daily with the nitrated mercurial salve, will keep the granulation in a proper state. Should this prove too strong, it may be reduced by a small addition of spermaceti. The embrocations are composed of the following ingredients:

First, take alum, two drachms; distilled vinegar, proof spirit, of each half a pint, and mix them.

Second, take compound camphor liniment, soap liniment, of each half an ounce; oil of turpentine, three drachms; mix them.

Third, take of compound soap liniment, one ounce and a half; tincture of Spanish fly, 2 drachms; mix them.

Fourth, take compound soap liniment, solution of acetate of ammonia, of each one ounce; mix them.

Pertussis, or Hooping-cough.—This is a convulsive cough, interrupted by a full and sonorous inspiration, returning in fits that are often terminated by vomiting, and expectoration. In its first stage it may be considered as a fabrile disease.

Children are most commonly subject to this cough, and it seems to depend on a specific contagion which affects them but once in their lives. The disease being produced, the fits of coughing are often repeated without any evident cause; but in many cases the contagion may be considered as only giving the predisposition, and the frequency of the fits may depend upon various exciting causes, such as violent exercise; a full meal; the having taken food of difficult digestion; irritation of the lungs by dust, smoke, or disagreeable odour. Emotions of the mind may likewise prove exciting causes.

In all severe cases of this disease, where there is a difficulty of breathing, full pulse, heat, and other febrite symptoms, early bleeding should be resorted to: but when this is increased, and the hurried respiration indicates a considerable degree of inflammation has extended to the substance of the lungs, this remedy becomes indispensable for the safety of the patient.

[*This subject will be continued in our next.*]

COMPOSITIONS OF QUACK MEDICINES.

Speediman's Pills.——Aloes, myrrh, rhubarb, and extract of camomiles, equal quantities; mixed well, and divided into four-grain pills.

Major Cochrane's Cough Medicine.—White poppy heads without seeds, half a pound; water, six pints, boil to two pints; strain and boil down to one pint; then add vinegar and brown sugar, of each one pound; boil to a syrup; and lastly add a sufficient quantity of diluted vitriolic acid, to make it pleasant. Take for a dose two or three tea spoonfulls going to bed.

Ruspini's Tincture for the Teeth.—Orris root, eight ounces; cloves, one ounce; essence ambergris, one ounce; rectified spirits of wine, two pints.

Squire's Elixir.—Opium, four ounces; camphor, one ounce; cochineal, one ounce; oil of sweet fœnel-seeds, two drachms; tincture of snake-root, one pint; spirits of aniseed, two gallons; water, two pints.

Ford's Balsam Horehound.—Horehound and liquorice-root, of each three pounds and a half; boil in six pints of water; strain and add twelve pints of brandy; one ounce of camphor; quarter of an ounce of opium; flowers of benjamin, one ounce; dried squills, two ounces; oil of aniseed, one ounce, and three pounds and a half of new honey.

MISCELLANEOUS.

Barbarous mode of punishing Criminals in Russia.

The following extract from Mrs. Holderness's work, "On the Manners of the Crim Tartars," recently published, will show how little the Russian code of laws has been improved or humanized since the reign of the Czar Peter the First, a period of above two hundred years; during which time the government of that savage people has kept up a constant and, latterly, increasing intercourse with the courts of civilized Europe; numbers of its vassals of rank and opulence have also travelled in these countries, being *permitted* to do so by the Autocrat. But with all these advantages, which would not be neglected by any other race of mankind, we see this despotic government sanctioning practices in the punishment of delinquents which have been long the disgrace of their statute books or rather the *Registry of Imperial edicts*, and which have the most direct tendency to destroy the moral and religious feelings of mankind.

Yet this is the government which arrogantly interferes in the political arrangements of all nations, and would, if possible, lead to the establishing of the *Imperial knout-master's* despotism in the enlightened parts of the world.

"In the Spring of 1818, seven Tartars, who had been found guilty of various robberies and murders in the districts of Akmetchet, Theodosia, Kertch, and Port Patch, were sentenced by the Russian law to receive the punishment of the knout* in each of these towns. Having first undergone this dreadful penalty at Akmetchet, they were conducted to Theodosia, heavily ironed, and lodged in the gaol there till the hour appointed for the flogging. They were then taken to the market-place, where hundreds of spectators were assembled to witness the scene, and from an Englishman, present on that occasion, I received the following account of the transaction:—'The culprits, each in his turn, were fastened to an inclined post, having a ring at the top, to which the head was so tightly fixed, by means of a rope, as to prevent the sufferer from crying out. The hands were closely tied on either side, and at the bottom were two rings for the feet, which were in like manner secured. The back was then bared, and the plaster or rag, which had been applied after the previous whipping, was torn off. The Tartar sacerdotal, attended by

* The true pronunciation of this word would perhaps be better represented if it were spelt *knoot*.

a Tartar priest, next advanced, and read aloud the crimes for which the offenders were punished, together with the sentence of the law. This took up nearly half an hour. The knout has a very heavy thong, as thick as a man's wrist, and weighing from two to three pounds. The lash is of leather, about the breadth of a broad tape; the handle is about two feet long. With this weapon, the executioner now approached, and giving one cut, walked back again to the distance of about forty yards. He then returned, flourishing his whip, and struck again, till the appointed number of strokes were given, and till it was certain that the poor wretch was all but dead. At every blow the blood spirted from the wound, but the previous preparation prevented the possibility of exclamation. Each one, when his flogging was finished, was unbound, and having the rag replaced on his back, was removed into a cart, till all had been thus disposed of; having witnessed the sufferings of their comrades, and endured their own. Before they left Theodosia, one of them died; and of the seven, I believe, not one lived to undergo the whole of the sentence.' "—p. 89.

The Late Dr. Baillie.

To the Editor of the Lancet.

Sir,—The professional and moral merits of this distinguished individual have not been silently passed over by the College of Physicians. There was one trait in his character, however, which appears to have escaped the observation of those who so justly eulogise their departed and lamented brother—his professional liberality, not only to his *equals* in medical rank, but to those who practise the subordinate parts of the profession. Dr. Baillie possessed too noble a mind, too generous a heart, to endeavour by any means to blast the rising reputation of a junior. Notwithstanding the multiplicity of professional engagements which occupied *his* time, even to the destruction of his health, he was ever punctual to the moment of appointment, and particularly so if he had to meet a junior practitioner in consultation. Dr. Baillie has been heard to express himself in the following words, in the hearing of the writer of these remarks:—"I consider it not only a professional, but a moral duty, punctually to meet my professional brethren of all ranks. My equals have a right to such a mark of respect, and I should shudder at the apprehension of lessening the junior practitioner in the eyes of his patient, by not keeping an appointment with him." Such are the feelings which characterize many of the living ornaments of the profession, but I am compelled to confess there are some surgeons who with wanton and studied cruelty, are constantly in the habit of making appointments with their professional *juniors*, not for the purpose of keeping them, but with the determination of visiting the patient *alone*. The consequence of such conduct is obvious. It is naturally inferred, if the surgeon does not consider it necessary to meet the junior practitioner, that his attendance is unnecessary, and thus the surgical aristocrat has not unfrequently the merit of injuring the subordinate practitioner, by depriving him of a part of his connexion.

I should reflect with greater pride upon the rank which I hold in the profession, if I did not know

that it is not unfrequently sullied by the conduct which I deprecate. The surgical public will be fully aware of the justice of my observations. I am, Sir,

Your obedient Servant,

A SURGEON.

Cavendish-square, London.

Somnambulism.

A remarkable instance of this affection of the nerves occurred on Sunday evening last, October 5, to a lad named George Davies, sixteen years and a half old, in the service of Mr. Hewson, butcher, of Bridge-road, Lambeth: at about twenty minutes after nine o'clock, the lad bent forward in his chair, and rested his forehead on his hands; and in ten minutes started up, went for his whip, put on his one spur, and went thence to the stable, not finding his own saddle in the proper place, he returned to the house and asked for it. Being asked what he wanted with it, he replied, to go his rounds. He returned to the stable, got on the horse without the saddle, and was proceeding to leave the stable; it was with much difficulty and force that Mr. Hewson, junior, assisted by the other lad, could remove him from the horse; his strength was great, and it was with difficulty he was brought in doors. Mr. Hewson, senior, coming home at this time, sent for Mr. Benjamin Ridge, an eminent practitioner in Bridge-road, who stood by him for a quarter of an hour, during which time the lad considered himself stopped at the turnpike gate, and took sixpence out of his pocket to be changed; and holding out his hand for the change, the sixpence was returned to him. He immediately observed, "None of your nonsense—that is the 6*d.* again, give me my change;" when 2½*d.* was given to him. He counted it over and said, "None of your gammon; that is not right. I want a penny more;" making the 4½*d.* which was his proper change. He then said, "Give me my castor" (meaning his hat), which slang terms he had been in the habit of using, and then began to whip and spur to get his horse on. His pulse at this time was 136, full and hard; no change of countenance could be observed, nor any spasmodic affection of the muscles, the eyes remaining close the whole of the time. His coat was taken off his arm, shirt sleeves stripped up, and Mr. Ridge bled him to 32 ounces; no alteration had taken place in him during the first part of the time the blood was flowing; at about 24 ounces the pulse began to decrease; and, when the full quantity named above had been taken, it was at 80—a slight perspiration on the forehead. During the time of bleeding, Mr. Hewson related the circumstance of a Mr. Harris, optician in Holborn, whose son, some years since, walked out on the parapet of the house in his sleep. The boy joined the conversation, and observed he lived at the corner of Brownlow-street. After the arm was tied up, he unlaced one boot, and said he would go to bed: in three minutes from this time, he awoke, got up, and asked what was the matter (having then been one hour in the trance), *not having the slightest recollection of any thing that had passed*, and wondered at his arm being tied up, and at the blood, &c. A strong

aperient medicine was then administered, he went to bed, slept well, and the next day appeared perfectly well, excepting debility from the bleeding and operation of the medicine, and has no recollection whatever of what had taken place. None of his family or himself were ever affected in this way before.

The Progress of Science.

Native Country of the Potatoe.—Great doubts have existed with respect to the natural *habitat* of the potatoe. It was first known in its cultivated state in Virginia, from which place it was brought by Sir W. Raleigh; it is generally supposed, however, that the plants found there had been previously introduced from some of the Spanish territories, in the more southern parts of that quarter of the globe. From Humboldt's observations, it seems that it does not occur native in the south-western part of North America; nor is it known as a garden plant in any of the West India islands. According to Mollini, it grows wild in great abundance in the fields of Chili, in which sate it is called by the natives *Maglia*, producing small and bitter tubers; and Don Jose Pavon asserts, that he has seen it cultivated in Peru. Early in the spring of last year, Mr. Caldcleugh, Secretary to the British Minister at the Court of Rio de Janeiro, in his journey along the west coast of South America, observed the potatoe in its native state. According to him, it is found in considerable quantity in ravines in the immediate neighbourhood of Valparaiso, in latitude 34½ S. It begins to flower in October (the spring of that climate), and is not very prolific, the leaves and flowers being similar to those of the plants cultivated in England, The roots are small and bitter, some with red, others with yellowish skins, and do not appear to be put to any particular use. Two of the tubers sent to England to Capt. Sabine, were planted separately in pots, and speedily vegetated, from which they were afterwards transplanted into a border, at about the distance of two feet from each other. The blossoms were at first sparingly produced, but as the plants were earthed up, they bore flowers abundantly, which, however, were not succeeded by fruit. The flowers and leaves were in most respects similar to those of the cultivated potato. In August, runners from the roots and joints of the covered stems protruded in great abundance from the surface of the ridge, and formed considerable stems, bearing leaves and blossoms. When taken from the ground, the principal stems measured more than seven feet in length. They afforded above six hundred tubers of various sizes, the largest not exceeding that of a pigeon's egg, which when boiled had the flavour of a young potatoe. It was observed, that so late as the month of August there were no tubers formed, which was supposed to be owing to the mould employed having been much loaded with manure, by which an excessive luxuriance of the stems was occasioned. The tubers obtained also, are not fully ripe, nor have they attained the size which they probably might have done, had they been formed earlier; they will, however, answer perfectly

well for the purpose of repro duction, and they are in sufficient quantity to be subjected to the same treatment as that practised for raising a common crop of potatoes, so that there is every reason to expect that they will yield a similar produce.

Phenomena.

A beautiful meteor was seen at Falkirk, on Friday, the 26th September, about eight o'clock in the evening. It appeared to be about nine inches in length, and five in the breadth, being of an oval form. It passed in a south-west direction, dragging a kind of tail behind it, as if part of the luminous matter was detaching itself from the rapidity of the motion. Much rain fell shortly after its appearance. Another meteor was seen at Falkirk on the evening of Sunday last, about the same hour. It was much smaller, and when approaching the horizon, divided into three nearly equal parts, resembling stars shot from a rocket. The night was calm and beautiful. —*Stirling Journal.*

On Sunday night last about eight o'clock, a large meteor was seen in the immediate neighbourhood of this city. It proceeded in a north-east direction, and had the appearance of a brilliant body of fire, surrounded by a luminous atmosphere, and was drawn into an oblong shape by its velocity. Its light, for about a second, was sufficiently bright to enable a person to read the smallest print. A similar body was observed about the same time at Maryport, and other places.—*Carlisle Journal.*

TABLE TALK.

Died, February 17th, in the Bay of St. John's, Antigua, a black woman, named Statira, who, by information from herself, must have attained the advanced age of 130. She was a slave, and was hired as a day-labourer during the building of the gaol, and was present at the laying of the corner stone, which ceremony took place 116 years ago. She also stated, that she was a young woman grown when President Sharpe assumed the administration of the island, which was in 1706; so that allowing her to be then 14, it brings her age to that of 130.

Last evening, an inquisition was taken at the house of Mr. Gilbert, the sign of the London Hospital, in Whitechapel-road, before Mr. Unwin, the coroner, on the body of Catharine Moody, supposed to be lying dead in the London Hospital, and who was reported to have come unfairly by her death. Mr. Barker, a tobacco and snuff manufacturer, residing in High-street, Shadwell, the person accused of being accessary to the deceased's death, was in attendance in the inquest room, together with some of his friends. The first witness examined was Mr. John Harrison, who stated that he was a carpenter, and about nine weeks ago was at work in Mr. Barker's shop, when deceased, who was intoxicated, came in and asked for some snuff. Mr. Barker desired her to leave the shop, which she refused; and being unable to procure the headborough, one of his shopmen led her out; but she returned, and began to dance and swear. Mr. Barker then put her on the step of the door, she turned

round as if intending to strike him, when she slipped off the steps and fell down; a few minutes afterwards he saw her sitting on the pavement; it was reported that her leg was broken. Mr. Barker used no violence, but put her out of the shop gently. Mr. Joseph Robinson, of No. 10, Farmer-street, Shadwell, and Thomas Thompson, of Shadwell Market, gave similar testimony. The Jury now expressed themselves satisfied that it was purely an accident, and that no criminality was to be attached to Mr. Barker; but before they recorded their verdict, they repaired again to the Hospital, in order to view the body, and shortly before they returned, Mr. Gilbert, the landlord of the public-house, came running into the inquest room, puffing and blowing, and exclaiming, "Oh, Mr. Coroner, the woman on whom you have held the inquest is still living, for I left her this moment eating stewed oysters, and drinking wine; the nurse who was attending her seems to have some hopes of her recovery."

The Coroner was now much embarrased; he said he did not think it possible that such was the case; but on the arrival of the Jury, whose countenances betrayed the strongest symptoms of indignation at the hoax thus evidently played intentionally on them, Mr. Gilbert's announcement proved to be correct. The Coroner said he would endeavour to guard against such an occurrence for the future, and would never again hold an inquest on any person in the Hospital, unless he previously had a letter from the beadle of that establishment, declaring the individual to be actually dead. He then addressed the Reporter, and wished that he would, if possible, keep the detail of such a ridiculous circumstance from the notice of the public.

The only part Otway, the poet, ever attempted, was the King, in a play called the Jealous Bridegroom, written by Mrs. Behn. It appeared about the year 1671. The play lasted but six nights. The Chronicler of the time states, "Otway not being used to the stage, the full house put him to such a sweat and tremendous agony, being dash't spoilt him for an actor. Nat Lee had the same fate; acting Duncan in Macbeth ruined him for an actor too."

It is said the following dialogue lately took place between M. de la Place the astronomer, and another academician, whose philosophical attainments are of the first order. It took place in the study of M. de la Place, who was sitting at his table, while his friend, the academician, stretched himself with great *nonchalance* upon the sofa:—*A.* "Pray, M. de la Place, what is your opinion of the Greek paradox about the impossibility of motion?"—*M. de la Place.* "The use of the word 'paradox' relieves me from the necessity of answering the question."—*A.* "Does *matter* then really move in space?" (stirring himself)—*M. de la Place.* "Yes, sir; it sometimes moves on a sofa."

Report states, that Reynolds, the "Dramatist," whose muse has been permitted to lie fallow for several years, has been again at work upon a most interesting subject, which is intended for Covent Garden Theatre, the scene of his early success.

BIRMINGHAM MUSICAL FESTIVAL.

This grand Festival, which is celebrated once in three years, and the proceeds of which are devoted towards the support of the General Hospital of the town, commenced on Tuesday last, under circumstances which promise a very favourable result to the benevolent exertions of the Committee, by whom the arrangements are superintended.

It may not be uninteresting to state, that the first Musical Festival celebrated in this town, with a view to charitable purposes, took place so far back as the year 1778—and on that occasion two objects were to be promoted; namely, the erection of St. Paul's Chapel, and the extension of the Funds of the General Hospital. St. Phillip's Church was then, as at the present period, the place chosen for the performance; and the total amount produced by the sale of tickets and books, amounted to nearly 800*l.*, of which sum, the Managers paid to the Treasurers of the Hospital 170*l.* In the year 1784, a second Musical Festival took place for the benefit of the Hospital exclusively, which continued for three days, when the gross produce was 1,325*l.*, and the sum paid to the Treasurers was 703*l.* In 1787 the Festival was repeated, and all the musical talent of the day was brought into action, to render it still more attractive. Among others who were then present, was the celebrated Mrs. Billington, who was a host in herself, and whose exertions gave additional *eclat* to the meeting, as well as tended to increase the gross amount of the receipts. The proceeds on that occasion were 1,980*l.*, and, after deducting all charges, the Treasurers of the Hospital received 964*l.*

From thenceforth it was determined to repeat the Festival every third year, and to spare no pains or expense in providing the first professional assistance which could be procured. The gradual increase of the funds thus obtained, affords a strong evidence of the increasing wealth and population of the town of Birmingham, as well as of the extension of that taste for music which has of late years been so remarkable in every part of the kingdom. The following scale affords at one view the result of the different Festivals which have been held from 1790 down to the present period:—

Year.	Gross Proceeds.	Recd by the Treasurers of the Hospital.
1790	£1,965 0 0	£958 14 8
1793	The Theatre being destroyed by fire, no Festival was celebrated this year.	
1796	2,044 0 0	897 0 0
1799	2,544 0 0	1,470 0 0
1802	3,820 17 0	2,380 17 4
1805	4,222 6 4	2,202 17 11
1808	5,511 12 2½	3,257 19 8
1811	6,680 2 9	3,629 10 0
1814	7,124 12 0	3,111 15 2
1817	8,746 6 9	4.296 10 10
1820	9,483 4 7	5,001 10 11

The expenses of each festival were, of course, influenced by the sums paid to the different performers—many of whom themselves became subscribers to the Hospital. Among the more popular individuals who have already

distinguished themselves on these occasions were—Mrs. Billington, Madame Mara, Mrs. Second, Miss Poole, Madame Dusseck, Miss Tennant, Mrs. Mountain, Mrs. Vaughan, Miss Melville; and, since 1811, Madame Catalani, Miss Stephens, Mrs. Salmon, Madame Camporese, Madame Vestris, Signora Corri, &c. &c. Among the male performers were —Messrs. Bartleman, Elliot, Vaughan, Knyvett, Braham, Naldi, Seale, Bellamy, &c. &c.

In the present instance the Committee have not been less liberal in their engagements; and from the names of those who are present, as well as from the numbers both of vocal and instrumental performers, it will be seen, that for the lovers of harmony it is impossible to have provided a more exquisite treat.

Among the vocal performers we noticed Madame Catalani, Mrs. Salmon, Miss Stephens, Miss Travis, Miss Symonds, Miss Fletcher, Miss Heaton, &c.; Mr. Braham, Mr. Vaughan, Signor Placci, Messrs. Evans, Golding, Whale, Greatorex, Gattie, Blackbourne and Thorne, and Mr. Knyvett and Mr. Bellamy. The chorus singers are also upon the most extensive scale.—The instrumental performers are—Leaders, Messrs. Cramer and Mori; Principal Seconds, Messrs. Mountain and Griesbach; and Principal Violas, Messrs. R. Ashley and Daniels. In the lists of violin and viola players are 31 from the King's Concert, Philharmonic, and King's Theatre; four from the *Conservatoire* at Paris; and the additional performers to complete the strength of the orchestra are leaders of concerts from various large towns in the kingdom.

Mr. Greatorex is the conductor, and presides at the organ and pianoforte. The numerical strength of the band is fully adequate to produce the finest musical effect; and in the selection of the pieces, it will be seen that every pains has been taken, not only to consult the finest taste, but to produce such novelties as are likely to prove grateful to the distinguished amateurs whose presence is anticipated.

From the moment the celebration of the Festival was fixed, applications were made in all parts of Birmingham to secure lodgings for the week, and, in consequence, the prices of such accommodation have been greatly enhanced, in some instances amounting even to a guinea a night for a bed. All the principal hotels and tavern-keepers likewise received due notice of intended visitors, and where they cannot find convenience under their own roofs, they have engaged all the spare rooms in their immediate neighbourhoods. In short, we believe, on no former occasion was there a greater promise of an immense influx of visitors; many of whom, we know, have come from London, and from more distant parts of the country.

On Tuesday morning the town of Birmingham presented a most lively and interesting aspect; groups of well-dressed persons, including many women of fashion and elegance, were seen proceeding in all directions towards the Church, which, from the favourable state of the weather, they were enabled to do on foot without any inconvenience. Every inn

and house of public entertainment poured forth its temporary inmates, while from the most obscure courts and alleys came persons, who, under other circumstances, would have been shocked, even for a moment, to have sojourned in such situations. Perhaps on no former occasion did the dingy, although fast-improving streets of this extensive town, exhibit a more pleasing or brilliant assemblage.

As the morning advanced, carriages and four, and equipages of persons of consideration, added to the general bustle, and gave additional animation to the scene. Detachments of the Enniskillen Dragoons were stationed at the ends of the different streets, and assisted in preserving those regulations which had been so prudently adopted. In addition to those going to the Church, thousands of spectators were collected in the Church-yard and adjoining avenues, who remained till the service was concluded.

We shall now proceed to notice in detail the various performances, commencing with the celebration of Divine Service, and the grand selection of Ancient Music which accompanied it. At half-past nine o'clock the doors of St. Phillip's Church were opened, and the company immediately began to assemble. At a quarter before eleven o'clock every part of the Church, which is capable of containing 3,000 persons, was crowded. The interior of the Church, filled with so numerous an assemblage, composed of persons of the highest respectability, of whom a large proportion were beautiful and elegantly-attired females, presented at this moment a most splendid and interesting appearance. At eleven o'clock the service commenced with the full Anthem, "We have heard with our ears," from Palestrina. The full Cathedral Service was chanted in the most impressive manner by the Rev. R. Clifton, Rector of St. Nicholas, Worcester. Purcell's "Te Deum laudamus" was sung with great effect by Messrs. Bellamy, Vaughan, and Knyvett, Miss Travis and Miss Symonds. Miss Travis sang in this, and in all the portions allotted to her in this day's Selection, with great taste and sweetness. The solo, "Vouchsafe, O Lord! to keep us this day without sin," was given by Mr. Vaughan with a melody and simple grandeur which were universally felt and admired. "O Lord! give ear unto my prayer," by Dr. Greene, the Anthem selected for this occasion, was sung by Messrs. Vaughan and Knyvett. The solo in this Anthem, "Among the gods there is none like thee, O Lord!" was sung by Mr. Knyvett, with dissolving sweetness. A Psalm, from the Parochial Psalmody of Mr. Greatorex, "How blest the Man whose tender care," concluded the vocal selections before the commencement of the sermon. The sermon was preached by Dr. Gardner, Rector of St. Phillip's Church, in the absence of the Hon. and Right Rev. the Bishop of Oxford, occasioned by the melancholy occurrence to which we have already adverted. The text was taken from the fifth chapter of St. John, v. 7 and 8, "The impotent man answered him, Sir, I have no man, when the water is troubled, to put me into the pool: but while I am coming, another

steppeth down before me. Jesus saith unto him, Rise, take up thy bed, and walk." The Reverend Divine enforced, with great eloquence and ability, the general objects of the charity, and adverted, with much feeling, to the unfortunate circumstance which had rendered him its unexpected advocate. The service concluded with Handel's Funeral Anthem, which was performed by the whole strength of the Orchestra, with a grandeur and precision which produced a sublime effect.

Among the distinguished persons who were present, we noticed —the Earl of Bradford, Lord Calthorpe, Lord Viscount Newport, Francis Lawley, Esq. M. P. for the County, the Hon. Captain Bridgeman, the Hon. Mr. Goff, Sir Edw. C. Hartopp, M.P., Sir T. E. Winnington, &c. &c. &c.

We now come to the more grateful part of our task, namely, to notice the actual proceeds of the morning, whether by the sale of tickets or collections at the door; and when it is recollected that the prices of tickets on this day were but 5*s.* and half-a-crown each, the result is the more pleasing.

The money taken for tickets was.....	£304	17	6
And the subscriptions at the doors (of this sum Lord Craven subscribed 100*l.*)	424	8	0
Making a total of....	£729	5	6

In order to show that the present Festival maintains the character of progressive improvement, we have to state, that at the last meeting the sum taken for admission to St. Phillip's Church on the first day was 271*l.* 2*s.* 6*d.* and the collection at the doors 341*l.* 15*s.* 3¾*d.*, making a total of 612*l.* 17*s.* 9¾*d.* So that this sum, compared with that which we have just quoted, shews an excess of 116*l.* 7*s.* 8¼*d.*

NOTICE TO CORRESPONDENTS.

L. must send us his real name before we can publish his well written Strictures.

R. E. had better re-investigate; 'tis a subject that requires much consideration.

We are much obliged to Y. X.; he will observe that the information respecting Dr. Cox was not wanted, as Dr. Collyer and ourselves do not allude to the same bath. We will soon notice the College abuses.

The Letter of M. Z. is much too s harp even for "The Lancet."

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SURGICAL LECTURES

DELIVERED BY

SIR ASTLEY COOPER, BART.

Theatre, St. Thomas's Hospital,

Monday Evening,

Oct. 13th, 1823.

Lecture Third.

Previously to the arrival of Sir Astley, there was brought into the Theatre, and placed upon the table, some diseased part or parts, and which, from the freshness of the blood that stained the envelope, it was evident had been very recently removed.

The learned Professor, after recapitulating the conclusion of the last Lecture, observed, that

Inflammation is of two kinds:

Acute, and

Chronic.

The first usually goes through its various stages with great rapidity—while the latter is exceedingly slow in its progress; and is either the result of acute inflammation, or owing to a peculiar state of constitution: that, for instance, which occurs in persons who have lived intemperately, becomes chronic, and obstinately so.

One of the best examples of acute inflammation terminating in chronic, is observable in ophthalmia (inflammation of the eyes). When called to cases of this description, and during the first stages of violent action in the vessels of the part, you must take away blood both locally and constitutionally. This may be done either by opening a vein in the arm, together with the application of leeches to the temples; or, by opening the temporal artery or arteries: this method has a direct influence locally and generally at one and the same time. You should likewise apply such lotions to the vessels themselves as will tend to lessen nervous and vascular power, and which lotions should consist

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of sulphate of zinc (vulgarly called white vitriol) and rose water—or superacetate of lead (vulgarly called sugar of lead) and rose water. Now when by these means the acute inflammation ends, it frequently happens that the chronic begins—in the first our object was to decrease power; in the last it will be to increase it—this must be accomplished by the application of warm fomentations; and as in this affection there is a very great degree of irritability, not only of the eye and eye-lids, but also of constitution, opium conjoined with calomel will be found the best medicine that can be administered for its removal: and as the system of depletion that is necessarily pursued during the acute state brings on great debility, the use of tonics must not be forgotten. Sir Astley remarked, that he could give many other examples of the acute inflammation terminating in the chronic: as in gonorrhœa, during the first stages we are to the utmost obliged to check action; yet in the gleet that commonly succeeds, we are under the necessity of stimulating by injections or otherwise, and thus, apparently occasion the return of that action which we had before destroyed; the action or inflammation, however, reproduced is widely different from that which first existed; that which we create by injections, &c. is a healthy inflammation, whilst the other was a poisonous one.

Inflammation is of two kinds, either

Common, or

Specific.

The first, with its terminations, have been already described, and is called healthy inflammation. But the second or specific, is of a peculiar kind, and is called unhealthy. In this inflammation the vessels have an entirely different action to what happens in the healthy, and thus the fluids and solids that they secrete have a decidedly opposite character.

There are two descriptions of specific inflammation; the first is produced by a peculiar condition of the constitution; and the second from the application of a poison.

Gout is an example of the first kind. If a man for a length of time yields to every injurious excess, loading his stomach with food and wine, so as to weaken the digestive powers, he probably excites in his system, what is called the gouty disposition; he experiences dreadful pain in one or both of his great toes, &c. and severe inflammation ensues, which

frequently terminates in the secretion of a matter that speedily becomes solid, usually called chalk stone; this name, however, is incorrect, as it has been proved by analysis to consist of uric acid and soda, consequently is now very properly named urate of soda. The formation of schirrhus or cancer is another example of specific inflammation, arising from a peculiar state of constitution. Let us suppose that two women receive each, a blow in the breast; one woman with a constitution in a healthy vigorous state, and the other with a system predisposed to the formation of cancer: in the first individual the inflammation will be strictly healthy, going through its different stages until a cure is accomplished; yet in the other person, owing to a constitutional peculiarity, the same extent of injury will produce cancerous disease, a malady over which medicine has no influence, and extirpation is the only remedy. Persons afflicted by cancerous or fungous complaints are of exceedingly anxious minds (at least nine times in ten); this anxiety occasions a sort of irritable fever, that invariably proves detrimental.—The last example of specific inflammation that Sir Astley would mention was Scrofula. Persons attacked by this disease have generally light hair, fair complexion, and delicate fibres; the inflammation is slow in its progress, and at last when ulceration takes place, the discharge is any thing but healthy pus, being sometimes thick and lumpy, like curds; at others, as thin as water.

The second kind of specific inflammation, is caused by the application of poisons. Thus, in gonorrhæa, the matter secreted is widely different from common healthy matter, having, in the first place, a much larger quantity of mucus mixed with it; and, secondly, when applied to a secreting surface, is capable of exciting in the part an action by which similar matter can be produced. The matter of small-pox occasions the same results, as does also the discharge from a chancre; and as far as constitutional effects are concerned, it is not material how large or how small a quantity of the poison is applied, the end in each case will be the same.

There is another kind of inflammation which Sir Astley said he would call the irritable: in this disorder the nerves are much more affected than the blood vessels. You are called probably to attend a person, who tells you that he

feels in a particular part, as the hand or arm, a most agonizing pain; and if inexperienced in these matters, you will be inclined to doubt the correctness of your patient's statement, and the more so as you can discover no alteration in the appearance of the part. It may not be amiss to mention here, said the Professor, what happened yesterday. Some time ago, Sir A. was requested to see a lady having this complaint in her foot: he tried by every possible means to remove it, but in vain. When unsuccessful, he invariably recommends the sufferer to some one else. This lady consulted two other very eminent surgeons, but their efforts, in like manner, were unable to afford relief: and finding that she got worse in town, she went into the country for change of air, where, without any medical means being employed, she entirely got rid of her troublesome companion. Sir A. saw this lady yesterday, and she described the pain that she used to feel as horrible; it was constantly at the bottom of the foot; and if she walked but a very short distance, it occasioned a confinement during four or five days.

The eyelids are likewise subject to this torturing disorder: it appears to be a species of Tic Douloureux.

But no part is more frequently attacked by it than the breasts of young women. It produces such a degree of tenderness, that they cannot bear the slightest pressure, and their stays consequently occasion great inconvenience—the pain extends to the shoulder, down the arm, and even to the elbow, at the same time generating constitutional irritation. To cure these pains and general derangement, such medicines must be given as will influence the secretions, but more particularly that of the uterus.

The irritable inflammation frequently attacks the testicles, and renders them exceedingly sensitive, the slightest pressure causing very great pain. There is in these cases little or no alteration of size; if any difference, the affected one is the smallest. In three instances, Sir A. said he had been obliged to remove testicles for this disease. The subject of one of these cases was a gentleman from C——n in South Carolina: he came to England for advice, and went the whole round of medical men, without experiencing any alleviation of his sufferings. He then desired Sir A. to remove the torturing part; this was done, and the gentleman went back to his native country quite well. Sir A. heard, that soon

after his return he got married—*(a laugh)*—and was happy to add, that his lady had a child—*(excessive laughter)*.

The bladder is also very commonly disordered by this irritable inflammation, and the symptoms, in many respects, resemble those of stone—in both cases there is pain in making water, and the urine is frequently mixed with blood. The grand difference in the two cases is this: the irritable bladder feels most pain when the organ is full; the bladder that contains a stone, when it is empty. In irritable rectum the pain is greatest when the part is filled. Upon dissection, the inner coat of an irritable bladder has been seen the colour of red velvet. Irritable persons are much more disposed to inflame than others. As are also persons in a state of debility. Thus in fevers, when the constitution has been much weakened, the parts on which the body has been resting soon become inflamed, and quickly mortify. But in fractures, where the system is healthy and strong, no such effects will result. Where there is great weakness, inflammation is always dangerous: and the application of a blister to the chest, for the removal of a cough, after measles, will frequently destroy life by bringing on mortification. Mercury, in like manner, by rendering the body irritable, disposes it to inflammation. Therefore, never operate on a patient too quickly after a mercurial course—for when this medicine is given to excess, it acts as a poison.

The exciting causes of Inflammation are, whatever acts as an unnatural stimulus to a part—as bruises, cuts, pressure, extraneous substances, &c. &c. The manner in which nature repairs these injuries has been already explained.

Proximate causes.—With regard to these there has been, and still is, much difference of opinion. Boerhaave's opinion of an obstruction in the smaller vessels arising from the thickness of the blood, is false—for, instead of being thicker, it is absolutely thinner. Cullen's, of spasm in the extreme vessels, is equally erroneous. This is always the result of opinion not founded upon observation. We should observe first, and think afterwards. The true proximate causes of inflammation appear to be an increase of action in the vessels of the part, and an increase in the size of the vessels themselves. These phenomena are well demonstrated by the following experiment; viz. Stretch the

web of a frog's foot, and place it under a good microscope, put on it the smallest drop of nitric acid, or prick a spot with a pin: you will soon perceive in the vicinity of the irritated part considerable agitation, and presently a red particle of blood will make its appearance in a vessel that had previously been the receptacle of transparent serum only — each pulsation pushes it on farther and farther. This red particle distends the vessel, and is succeeded by others passing freely into the vein. All the vessels of the part then take on similar actions; and thus you create under your eye, speaking figuratively, meandering rivulets of blood. Sir Astley remarked, that he did not know a single experiment more beautiful than this. The dilation of the vessels in inflammation is not, however, confined to the part itself, but is also observable in the larger arteries leading to the scene of irritation: thus, in persons who have died having inflammation in a foot, the femoral artery on the affected side has been found larger than the opposite. We before explained the manner in which Nature throws a quantity of blood to a part for the purpose of repairing an injury, or for the removal of irritation; we will give another illustration of this, which, if you have not seen, most probably all of you have felt. It is this: when any offending matter gets under the eyelids, it produces irritation; — Nature immediately sends a quantity of blood to the lachrymal gland— this blood occasions a secretion of tears, and these are directed in streams over the eye, for the purpose of washing off the offending substance.

Sir Astley then stated, that he would show the gentlemen present a beautiful specimen of fungus hæmatodes, (vulgarly spongoid inflammation, soft cancer, bleeding fungus, &c.) [This was what we spoke of as placed upon the table before the commencement of the lecture.] The tumour was of very large size, and when cut open exhibited the usual characteristics of this malignant disease; viz. cysts filled by a transparent fluid, extravasated blood in clots, some of its parts whitish, while others were very dark, and the whole being of a spongy, elastic texture.

The learned Professor concluded the lecture by alluding to the four operations which he performed at Guy's on Tuesday last; but as we shall have occasion to mention these Cases hereafter, we will now merely state what they were: the

first, was for a cancerous tumour of the breast: the second a fatty tumour on the shoulder: the third, cancerous tumour of the breast (very bad case): and the fourth, for nævus maternus (vulgarly called mother spot) of the under lip; there are two descriptions of these, one is formed by veins, the other by arteries—the one operated upon originated from the former.

St. Thomas's Hospital.

WEDNESDAY EVENING, Oct. 15, 1823.

LECTURE FOURTH.

AT the anti-room door this evening, we were, in rather a peremptory manner, desired to produce our ticket of admission; of course, as it was a very proper request, we most readily complied with it. This method, doubtless, has been adopted by Sir Astley, for the purpose of preventing the attendance of intruders—a proceeding that the hitherto thronged state of the theatre has rendered absolutely necessary; but, notwithstanding this precautionary measure, the audience was as numerous as on either of the preceding nights. And the present, unquestionably, is the largest class of surgical students ever collected in this metropolis.

Sir Astley arrived at the usual hour, and stated that the subject of the evening's lecture would be

The TREATMENT OF INFLAMMATION.

This is either constitutional, local, or both. When any important organ is injured, the treatment must be invariably constitutional, let your local be whatever it may; for no vital organ can be disturbed in its functions without producing general derangement, and this will be more or less, in proportion to the value of the part wounded, and the extent of the wound. Inflammation, however, in many persons, requires constitutional treatment, whether any important part be injured or not; as, in irritable habits, very trivial local damage will speedily affect the entire system.

The most powerful means of relieving inflammation, is by the abstraction of blood. Many of the gentlemen present would probably smile, if asked *why* they would bleed in inflammation; but this is a question not generally understood. Its beneficial effects principally result from producing a diminution of nervous power; and that it does accomplish this, is

proved by the syncope that it occasions. Thus the removal often of a very small quantity of blood, causes a suspension of the mental faculties, and indeed of all the voluntary functions. Fainting, however, cannot be suddenly produced unless the patient be in the erect position at the time the blood is drawn; for it is the losing of this fluid, by the vessels of the brain, that is the immediate cause of fainting. To prove this, when you next bleed a man until he faints, place him in the recumbent posture, and let his head be situated a little lower than his body, to facilitate the return of blood to the brain: in a very short time after being thus circumstanced, he will open his eyes and all his faculties resume their former abode.

The second mode by which bleeding relieves, is by lessening the quantity of blood; for when there is much fulness of the vessels, the momentum will necessarily be great, and consequently the vital fluid will be thrown with greater power to the inflamed part.

The third mode by which bleeding proves serviceable, is by facilitating the re-establishment of the secreting functions.

The indication for bleeding, is a hard pulse. Definition of this pulse—diameter of the vessel diminished, yet the action exceedingly strong, and each pulsation of the artery feels like the undulation of a wire: whenever, therefore, you find this description of pulse, you will be justified in taking away blood.

The hardest pulse that Sir Astley ever met with, was in a person who had inflammation of the heart; in inflammation of the lungs and of the brain, the pulse is hard, but not to be compared to this. The pulse however, is not always hard when inflammation attacks important parts. The contrary is the fact; for when the stomach or intestines is thus affected, the pulse is scarcely discoverable. Persons unacquainted with the nature of this fact, are frightened at seeing a man frequently bled, who has, for example, strangulated hernia, (irreducible rupture,) and will often exclaim, "Pray don't bleed him any more, see how pale he is, and his pulse is almost gone." Well then, recollect, that in inflammations of the abdominal viscera, the pulse is feeble; but inflammation of the liver, however, is an exception to this rule.

Quickness of pulse is not in itself a sufficient proof that bleeding is requisite, but where united with hardness, no additional evi-

dence of its necessity can be wanted; therefore, never bleed where there is a quick pulse, unless at the same time it be a hard one. The indication for a repetition of blood-letting, is said to be a buffy state of the blood; but your decision must not be governed by this appearance, you must still have a hard pulse. When blood is cupped, it is said to be a proof of strength and that bleeding should be repeated; the following case, however, will show that even a cupped state of the blood and buffiness conjoined, are not sufficient evidence to warrant a conclusion that venesection may be repeated. A man at Guy's Hospital, in the last state of scurvy, and whose blood-vessels were so weak that a very slight pressure upon the skin produced ecchymosis, and whose pulse was exceedingly feeble and quick, had taken from his arm, at the request of Sir Astley, a very small quantity of blood by way of experiment; after standing for a few hours, it became not only buffy but exceedingly cupped. When, therefore, you employ bleeding, it may be of importance to you to keep this experiment in your remembrance.

The quantity of blood that may be drawn at a time, in inflammation, is from twelve to twenty ounces; but be particularly careful not to draw off too much: if you do, you will occasion such weakness of the constitution as will prevent the reparative process.

The proportion of blood compared with the solids is about one pound to sixteen. Sir Astley ascertained this fact in the following manner:—he took a small dog, weighing fourteen pounds, and opened his jugular vein; in this way eleven ounces were discharged, when the dog fainted. Sir Astley then opened the carotid artery, and from this source obtained three ounces more. Thus fourteen ounces of blood were drawn from a dog weighing fourteen pounds; so that one ounce of blood, to sixteen ounces of the solids is about the correct proportion.

When you bleed to relieve inflammation, the blood should be extracted as rapidly as possible; therefore, the orifice made into the vessel should be of considerable size; for if allowed to run slowly, the vessels have time to accommodate themselves to the diminished volume of circulating fluid; so that the system scarcely receives any shock from blood being extracted in this gradual man-

ner. The grand object is, to produce fainting; and to effect which, blood must be suddenly withdrawn.

You may bleed so as to produce constitutional and local effects at the same time. A patient of Mr. Foster's, in Guy's Hospital, who had concussion of the brain, was bled in the external jugular vein; immediately after the operation, the pain of the head ceased, and the irritable fever disappeared.

When you have accidents brought to you that will require a long time for their recovery, you must be exceedingly careful how you take away blood from the general system, but must adopt in these cases local depletion; for if, as we have before remarked, you take away from the constitution too much of the vital fluid, nature will be unable to execute the usual processes for the restoration of the injured parts; the most disastrous consequences follow, in such cases, the indiscriminate employment of blood letting; and there is not to be found in the whole range of surgical malpractice a greater error than this.

Chronic inflammation is more gradual in its progress, and requires, in general, constitutional treatment.

The second mode of relieving inflammation is by restoring the secretions; for whenever it occurs, at least in any way violent, all the secretions become locked up. The three most important secretions are those of the intestines, skin, and kidneys; and when these cease to flow, irritable fever is the consequence. A deficiency of secretion in the alimentary canal is the cause of a great many of the diseases to which human beings are subject. The internal surface of the alimentary tube is nearly covered by glands; the tube itself, on an average, is twenty-seven feet in length, and four inches in circumference; thus there are here about thirteen hundred inches from which, in our healthy condition, continual secretion proceeds. What then must the result be of allowing to remain closed such innumerable vessels as are here placed?—Of course, the continuance of irritation and fever. To excite the intestinal canal to action, therefore, should be one of our first objects. This may be done by purgatives; and they afford relief in nearly the same manner as by taking blood from the arm; for a pint of serum will frequently pass off with feculent matter, after taking a cathartic. Purgatives have like-

wise another benign influence, independently of restoring the intestinal fluids. This influence arises from counter-irritation; for nature always feels a difficulty in supporting two inflammations, or two irritations, at the same time.

Purgatives also relieve by carcarrying off whatever feculent matter is lodged in the intestines; but Sir Astley does not believe that any considerable benefit is derived from this circumstance; he does not consider that much irritation is produced by an accumulation of feces; it is the arrest of secretion, he believes, that causes irritation. Sir Astley has met with several cases where an almost incredible quantity of feculent matter had collected, yet did not produce the slightest irritation.

Accoucheurs frequently witness similar cases. In one, and by far the worst that Sir Astley ever met with, the feces could be distinctly felt through the vagina; indeed, the pressure was so violent, that it produced ulceration; yet this enormous quantity of feculent substance did not excite constitutional irritation; a fluid found a passage by the condensed mass, and was daily discharged: this, in great measure, accounts for the absence of irritable fever.

That it is from the stoppage of secretion that fever is kept up, is proved by what happens in children: they are frequently put to bed quite well; yet, in the morning are half paralyzed, and their limbs dangling by their sides; teething occasions this; one or more of these in the course of the night beginning to irritate, causes a quantity of blood to be thrown on the brain, and at the same time stops the secretion in the bowels; yet, upon its re-production, by administering a little calomel and rhubarb, the fever, irritation, and all the bad symptoms disappear.

It is of no use to act on the intestines in inflammation, without also exciting the liver; therefore, give calomel with your saline medicines, but don't give salines alone: the best plan is to give calomel at night, and a saline in the morning. An excellent aperient for adults, is one grain of calomel, with four of cathartic extract; or two of blue pill, with three of cathartic extract. Castor oil may also be recommended; and, as another safe opening medicine, you may prescribe infusion of sennæ, with Epsom salts. Well then, remember, you cannot radically remove constitutional irritation, without restoring the secre-

tions of the liver and intestines.—An old Scotch physician that Sir Astley had a great respect for, and whom he frequently met in the city, used to say to him, as they were about to enter their patient's room together, "Weel, Misther Cooper, we ha' only twa things to keep in meend, and they'll searve us for here and herea'ter; one is auways to ha' the fear o' th' Laird before our e'es, (*a laugh*) that 'ill do for herea'ter, and th' to'ther is to keep our boo'els auways open (*convulsive laughter*).

The methods by which Sir Astley preserves his own health, are temperance, early rising, and sponging his body every morning with cold water, immediately after getting out of bed, a practice that he had adopted ever since he was 24 years of age; and though he went from that hot Theatre into the squares of the Hospital, in the severest winter nights, with merely silk stockings on his legs, yet he did not know what it was to get a cold: Should it happen, however, that he felt indisposed, his never-failing remedy was one grain of calomel combined with four of cathartic extract.

The next secretion we should restore for relieving irritation and inflammation, is that of the skin; but this is not so important as those we have before spoken of.

The best mode for producing perspiration is, by giving the antimonial powder with diluents, or Dover's powder: as this powder, however, is apt to increase costiveness, the antimonial is the best.

The other secretion, namely, that of the kidneys, is the least important of them all, and may soon be restored by giving diluents, squills, or nitrate of potash.

Now, Gentlemen, said Sir Astley, be assured it is not by restoring this or that secretion, that will relieve extensive inflammation, for it cannot be effected but by the complete restoration of them all.

There are some cases of inflammation where bleeding will not afford relief; this more frequently happens in inflammation of the testicles than in any other parts, for these affections you must administer Dover's powder combined with calomel.

There is another mode of subduing inflammation, namely, provoking in the stomach a constant nausea by giving a solution of emetic tartar. Sir Astley saw this plan successfully practised on a child in a very severe case of croup; calomel was occasionally administered.

In inflammations of old people you must bleed with great caution. Sir Astley was requested to see an elderly lady in the country having inflamed lungs; he ordered her to be bled,—the bleeding was repeated, when, her legs began to swell; he therefore prescribed the digitalis (fox-glove); it reduced the pulse, caused the absorption of the effused fluid in the legs, and she rapidly recovered. This medicine reduced action, and at the same time increased power.

THE LANCET.
SUNDAY, OCTOBER 19, 1823.

DR. COLLYER.

WE copy the following article from *The Times* of Thursday last. The conduct of the *Ladies* to whom we suspect the writer's remarks are chiefly addressed, is deserving, in our opinion, the severest censure that language can bestow.

"DR. COLLYER.—In a new weekly publication, called *The Lancet*, have appeared some shocking statements in the form of affidavits respecting Dr. Collyer. Surely the Doctor must feel that it is his bounden duty to bring the assertors of such horrible facts to trial. The assertions are not made vaguely and indistinctly; each deponent tells a precise story, and puts his name to it. For his own sake, we should entreat Dr. Collyer to put those allegations into a strict course of investigation. The Doctor at present refutes all charges by pointing to the phalanx of ladies who support him. The generosity of the female sex to persons in distress is too well known to require any fresh illustration; but we think that women degrade their sex when they come forward and defy opinion, by supporting a man who is charged with conduct too loathsome for female ears; which they cannot discuss, and of course cannot be competent to decide upon, without polluting both mind and heart. The woman who puts herself forward in such a case is not so much kind in spirit as loose of principle; she is not generous, but shameless."

THE DRAMA.

DRURY-LANE THEATRE.—On Monday last, Mr. Macready made his first appearance at this Theatre in his favourite part of *Virginius*. On his entrance, indeed some time before he appeared, he was welcomed by cheers and plaudits of unusual warmth and continuance. A partial but extremely contemptible effort was made to interrupt this well-deserved manifestation of public regard for this eminent performer. The attempt was instantly

crushed by overwhelming reiterations of applause from the most crowded and fashionable audience that this season has yet assembled. Mr. Macready was incited to display his great talents in their greatest splendour. He perhaps never received, he certainly never better deserved, the ardent acclamations which his excellent acting extorted. Nothing could be more impressive than the interview with his daughter before his departure for the camp. The scene in which he kills her was admirably sustained. The great fault of this tragedy is the want of incident and action. The whole plot of *Virginius* might, without inconvenience, be developed and comprised within one act; and as the author found himself under the necessity of drawing it out into five acts, he was compelled to lengthen it by additions, which only fatigue the audience without in the slightest degree contributing to the catastrophe. The scene of *Virginia*'s death is pre-eminently protracted beyond all due limits. The interest begins to flag and expire before the fatal blow is struck. The violent passions of the father seem in great measure exhaled. This is the "besetting sin" of the whole piece. There are many beautiful passages, and a good deal of rich poetical diction in the composition; but it would hardly keep possession of the stage, were it not for the extraordinary ability with which its leading parts have hitherto been represented. Macready never took more pains to distinguish himself than on Monday night. The killing of *Appius* was an appalling example of what Lord Bacon calls "wild justice." The softened and subdued feelings of the partly-recovered *Virginius*, on the presentation of his daughter's ashes, were excellently depicted: the convulsive sob with which he repeats her name was an echo as true to nature as it was honourable to the successful and triumphant art of the performer. Wallack appeared, for the first time, as *Icilius*, and he performed the part with great spirit and effect. We do not recollect seeing him to more advantage. Archer played *Appius*, and, we are sorry to say, not very well. Of Terry's *Dentatus* we need say nothing, as the performance is well known, and was as ably represented last night as we remember to have seen it. Mrs. W. West, in *Virginia*, was extremely interesting, and though we will not say she became the character in all respects as well as Miss Foote, yet

we think she supported its interest with quite as much success. *Virginius* was announced for repetition on Thursday evening, amidst the universal acclamations of the house.

Covent-Garden Theatre.—On Monday evening last, Mr. Young commenced his engagement at this Theatre, in the character of *Hamlet*. Artists, like authors, are not always the best judges of their own performance. Mr. Young is an exception—*Hamlet* is the character with which he usually opens and closes his theatrical campaigns, and may therefore be supposed to be regarded by him as his *chef d'œuvre*. Few, we believe, will dispute this preference. The ghost-scene in the beginning of the play, is perhaps susceptible of a deeper tone of preternatural terror; but it is, on the whole, a powerful and highly-finished piece of acting. He was received on his first appearance, and through the play, with the favour and applause due to his popularity and distinguished talents. Unhappily, some of the best scenes were marred by noise and confusion in the upper gallery. The only novelty in the play was Mr. Fawcett's *Gravedigger*, which he represented in his usual style of humour. Miss M. Tree sung the "snatches of old song," in the part of *Ophelia*, with skill and sweetness. Her acting may be called a pretty monotony.

MEDICAL EXTRACTS.

Hooping Cough.

[*Continued from our last.*]

Under these circumstances we must not be satisfied with a single bleeding; it should be repeated in sufficient quantities until the symptoms are under control, or that we are convinced amendment is beyond its power. The failure of bleeding in Hooping-cough may very often be attributed to its being resorted to at too late a period, or its being too sparingly used. Where there is much difficulty of breathing, the application of a blister to the chest will be highly proper at the commencement of the disease.

The body being usually very costive, it will be necessary to have recourse to gentle laxatives, such as an infusion of sennæ with manna, &c. to remove it. In many instances, an attention to diet may probably be sufficient to answer the purpose of removing or preventing this symptom; and,

therefore, stewed prunes, roasted apples, &c. may be given, which things children take very readily.

Emetics administered frequently have been found the most useful of all remedies in hooping cough, for which reason they ought never to be neglected; and as children may easily be deceived by what has no appearance of medicine, a solution of tartarized antimony seems to be the most proper for the occasion. Take tartarized antimony, three grains; spring water, six ounces; simple syrup, two drachms; mix them, and give about one table-spoonful every fifteen minutes or so, until it takes effect, as dangerous consequences might ensue from the medicine happening to operate harshly, and producing much vomiting, which, in some cases, a very small quantity of it is apt to do. Where the patient is grown up to an adult state, an emetic of the wine of antimony, or ipecacuanha, or of oxymel of squills, may be substituted.

A medicine composed of opium, ipecacuanha, and the carbonate of soda, is recommended by Dr. Pearson, to be given in Hooping-cough, after the accumulated phlegm has been brought away by an antimonial emetic. He advises it in the following proportions to a child between one and two years, viz.: one drop of the tincture of opium, five drops of ipecacuanha wine, and two grains of the carbonate of soda; which may be made up into a small draught with syrup and water, and be repeated every fourth hour for several days, taking care to remove costiveness, whenever it occurs, by calomel and rhubarb. Dr. Pearson is of opinion that, without the soda, the preparations of ipecacuanha and opium would not be equally efficacious; and was led to employ it by the sour smell of the slimy fluid brought up by vomiting: but he suspects that it has an influence beyond that of correcting acidity.

Bathing the feet frequently in warm water has been supposed to afford relief in many cases. A tepid bath is sometimes serviceable.

The tincture of fox-glove is another medicine which has of late been recommended in the Hooping-cough. I have prescribed it in a few cases, with seeming advantage. Combining it with opium, might perhaps increase its efficacy. Henbane has likewise been proposed as a remedy in Hooping-cough. It may be given, combined with tartarized antimonial wine, regulating the dose by the age of

the child. We may begin with four or five drops, repeated four times a day; gradually increasing the quantity, till a slight degree of nausea takes place.

A frequent change of air having always been found very serviceable in this disease, it ought therefore to be advised. A flannel waistcoat should be worn by the patient, as no doubt it promotes absorption, and prevents the vicissitudes of the climate taking that effect on the skin, which we know it does, acting thereby as an exciting cause of coughing.

Young children should lie with their heads and shoulders raised, and should be cautiously watched, that when the cough occurs they may be held up, so as to stand upon their feet, bending a little forward, to guard against suffocation. Their diet should be light, and of easy digestion, and mucilaginous drinks should be taken freely. — *Thomas's Practice of Physic.*

COMPOSITIONS OF QUACK MEDICINES.

Cheltenham Salts. — Glauber's salt, Epsom salt, common salt, of each twenty-eight pounds; dry in an oven, and powder: purgative.

Plummer's Pills. — Calomel, præcipitated sulphuret of antimony, of each one drachm; gum guaicum, two drachms; balsam of capivi, a sufficient quantity; divide in five-grain pills.

Ward's Paste for Fistula and Piles. — Black pepper, elecampane root, of each one pound; sweet fennel seeds, three pounds; honey, white sugar, of each two pounds; dose the size of a nutmeg, three or four times a day.

Marshall's Cerate.—Palm oil, five drachms; calomel, one ounce; sugar of lead, half an ounce; ointment of nitrate of mercury, two ounces.

Common Dutch Drops.--Flowers of sulphur, four ounces; oil of turpentine, eight ounces: dissolve.

Norris's Drops.—Emetic tartar dissolved in rectified spirits of wine, and then coloured.

British Oil.—Oil of turpentine, eight ounces; Barbadoes tar, four ounces; oil of rosemary, four drachms.

Keyser's Pills.—Acitate of mercury, four ounces; manna, thirty ounces; starch, two ounces; mucilage of gum tragacanth, a sufficient quantity; make into pills of six grains each; dose, two night and morning, increasing the dose to twenty-five or more: a box of one thousand or twelve hundred pills, is usually sufficient for the cure of a common case of syphilis.

MEDICAL AND SURGICAL INTELLIGENCE.

On the effects of Stricture of the Urethra, particularly of the sacculated State of the Bladder, with an Inquiry into a Mode of Treatment to avert this latter consequence of stricture, which is often fatal. By John Shaw, Esq.—*Read Feb.* 25, 1823.

[From the Medico-Chirurgical Transactions, published yesterday.]

The opinion prevails more generally now than at any former period, that the improvements made in surgery have resulted from the methods of investigating the nature of diseases, by comparison of the healthy organs with the same parts in a morbid state. This induces me to hope, that the proposal to examine in this way a disease more common, and therefore more interesting, than many which have engaged the attention of the profession, will be favourably received by the Society.

The disease to which I allude is Stricture of the Urethra; a disease which may be considered particularly interesting, not only because it is very common, but at the same time the most difficult to treat successfully; while, if the condition of the parts be not thoroughly understood, it often proves fatal. Our interest in it is also increased by the knowledge, that if we pursue a plan of treatment founded on correct notions of the anatomy and pathology of the urinary organs, we may not only rescue many patients from the most severe sufferings, but also offer well-grounded hopes of a permanent cure. By a correct and safe practice, founded on a knowledge of anatomy, the surgeon has it in his power to confer greater and more lasting benefit, than can be promised after the most brilliant and successful operations on a greater scale.

I shall not at present describe all the effects produced by stricture, but confine my observations to four distinct pathological facts; each of which, however, I trust, will be considered worthy the attention of the Society.

1st. I have not, in more than a hundred dissections which I have made of diseases of the urethra, seen a stricture or narrowing of the canal, posterior to the ligament of the bulb; nor have I been able to find one example of stricture beyond this part among those preserved in the College Museum.

2d. In almost every instance where a narrow stricture has existed for some time, in any part of the urethra anterior to the ligament of the bulb, I have found the membranous and prostatic portions dilated to three or four times their natural size.

3d. The ducts of the prostate, which are naturally very small, are always more or less enlarged when there has been a stricture, or a long continued irritation of the canal.

4th. When such a stricture as causes occasional retention of urine has existed for some years, the bladder is found to be not only thickened, but often at the same time sacculated.

I shall now endeavour to show the importance of collecting facts which shall either substantiate or invalidate the accuracy of these observations.

In doing this, my principal ob-

ject will be to bring before the Society certain facts regarding the sacculated state of the bladder, which have not, as far as I can learn, been hitherto noticed; but previous to doing this, I may perhaps be permitted to offer some remarks upon certain practical questions connected with the observations just made, and which, though of daily occurrence, do not seem to have met with that attention which their importance merits.

If the first three observations are correct, certain important practical rules may be deduced from them. First, if, in examining a patient who has symptoms of stricture, the instrument is obstructed at a point posterior to the ligament of the bulb, we ought not to attribute the impediment to a narrowing or stricture of the passage, but to some other cause; to one which will not be removed by such means as are available in the case of stricture. If the second observation, that the membranous and prostatic parts become enlarged in consequence of stricture, be correct, it will be admitted as a consequence, that if a bougie be obstructed posterior to the bulb, in a patient who has previously had stricture in the anterior part of the urethra, there will be still less probability of the obstruction to the passage of the instrument through these parts being caused by a narrowing or stricture of the canal.

The rule obviously deduced from these facts is, that, on feeling an obstruction posterior to the ligament of the bulb, we should not persevere in the attempt to push the instrument further in.

To this rule we shall perhaps be inclined to assent, when we consider that such an obstruction, though an impediment to the entry of the instrument, will probably be none to the passage of the urine from the bladder; and, moreover, that it is questionable whether carrying an instrument along the dilated part is always beneficial to the patient.

The importance of recollecting these facts will be still more obvious, if the truth of the third observation be admitted; since, in consequence of the enlargement of the ducts, it is highly probable, that if the instrument has not been obstructed by certain natural impediments, it has passed into one of the dilated ducts. If this should happen, and if the attempt to push the instrument into the bladder be persevered in, a false passage will probably be formed. The enlargement of the ducts, and the consequent difficulty of passing an instrument through the membranous and prostatic portions, in cases where there has been a stricture in the anterior part of the canal, is well illustrated by the preparations on the table, and particularly by No. 50, *a.* in which a complete labyrinth is formed by the enlarged ducts, and by membranous bands, both of which are evidently the consequence of the narrow stricture behind the glans.

If the catheter enters into one of the enlarged ducts, it may be pushed through the prostrate into the back part of the dilated bladder: indeed several preparations, illustrative of this accident, have been preserved in the Windmill-street Museum, and are now upon the table of the Society.

The importance of exhibiting these examples to the Society is proved by the fact, that even at

the present day the authority of Desault is given for using forcible means to overcome obstructions, which he describes as the consequence of the narrowing of the prostatic part of the urethra.

As the proofs afforded by the preparations on the table will be, perhaps, considered sufficient to show the impropriety and danger of the attempt to overcome by force the difficulties opposed to the introduction of an instrument after it has passed the ligament of the bulb, I shall not take up the time of the Society by dwelling more upon the subject, nor shall I here enter upon the very important question, of the propriety of using force to overcome obstructions in any part of the canal.*

I shall now beg leave to draw the attention of the Society to a question connected with the anatomy of that part of the urethra which is surrounded by the ligament of the bulb, during its healthy state, but more particularly while suffering under a slight attack of inflammation.

In the accompanying drawing of the natural form of the canal, we see that it becomes suddenly narrow at the bulb. This abrupt diminution of the calibre of the urethra must of itself be a cause of difficulty in passing an instrument. If to this we add the obstruction occasioned by the natural curve of the canal being here likewise suddenly changed (for the ligament is higher than the sinus of the bulb), we shall admit that the mechanical impediments to the introduction of an instrument are greater at this point than at any other.

The accuracy of this observation will be acknowledged by those who have superintended the operations of students, as it is invariably at this part that they are foiled in their first attempt to pass a catheter in the dead body.

If to these impediments, we add the difficulty occasioned in the living body by the contraction of the muscles which surround this part of the urethra, and which is always excited by a slight inflammation of the membrane, we shall understand how the spasmodic affection which comes on the moment a bougie touches the inflamed part, combined with what I have called the mechanical difficulties, may produce so complete an obstruction to the entry of an instrument as to give rise to the idea of the presence of stricture.

Here I ought also to state a fact, which, if it occurs under the circumstances just mentioned, may be an additional source of error to one not fully acquainted with the natural structure of the parts. When a bougie is obstructed at the bulb, its upper surface may be so cut or indented, by being pressed against the lower edge of the ligament, as to have exactly the same appearance as that which has been considered as an unequivocal proof of there being a stricture at the point where the instrument has been stopped. Indeed, so great is the chance of a mistake occurring in consequence of one or other of the above causes, that we are induced to consider many of the histories

* This question is discussed in the Notes made by me to the last edition of the work "On the Diseases of the Urethra, by Mr. Charles Bell." See particularly the note, p. 156.

given of the sudden cure of narrow strictures at the bulb by bleeding, antispasmodics, &c. as only so many examples of the difficulty of understanding this disease, without a perfect knowledge of the anatomy and pathology of the urethra.

The circumstances mentioned above, also form good grounds for suspecting that many of the strictures at the bulb have originated in the inflammation consequent upon the ineffectual attempts to pass an instrument through this part of the urethra, while the internal membrane is in a state of irritation.

The question regarding the sacculated state of the bladder involves so many important considerations, that I shall not presume to offer more than some general remarks upon it, in the hopes of exciting attention to the subject.

All who are familiar with the appearances of stricture upon dissection, will acknowledge that a sacculated state of the bladder is a very common occurrence: I have so frequently found it, that I have been led to the following conclusion (and which has not been hastily formed, as the preparations on the table will testify):—if a very narrow stricture has existed for a certain time, and the patient has suffered occasional attacks of retention of urine, a sac has probably formed.

This observation I confidently make, though at the same time I acknowledge, that I cannot with accuracy point out any particular symptoms, by which we may predict the formation of a sac; I will, however, hazard the opinion that, when in severe cases of stricture there is a peculiar irritation about the back part of the bladder and between it and the rectum, especially if this occurs after voiding urine, we may suspect that a sac has formed.

The following questions naturally occur to us. If a sac has formed, is it ever spontaneously removed? Is it not probable, that a certain quantity of urine will generally lodge in the sac? What will be the consequences of the lodgment of the urine?

The difficulty of determining whether certain symptoms are produced by the presence of the sac, or by some other cause of irritation, will make it almost impossible to resolve with certainty the first question; the second, I fear, must be answered in the affirmative; and in reply to the third and most important, I would be inclined to say, that the lodgment of urine in a sac produces a very peculiar train of symptoms, constituting a disease that is often fatal, the patient's death being occasionally preceded by symptoms of peritonitis. I have also observed, that the sufferings of the patient are of a very different nature from what are considered the more common consequences of stricture. The cases upon which I have founded these observations I shall not at present detail, my object being to direct others to the question; I may, however, again refer to the preparations on the table, as showing that I have not made the statements without sufficient evidence that a sacculated state of the bladder is a frequent consequence of stricture.*

* There is another question connected with the sacculated state of the bladder, which is too important to be more than alluded to in this inquiry, viz. whether

Dissection.

A few days since a surgeon died from a wound received while engaged in dissecting a subject. It occurred at Bath. A drayman picked up a large needle, and stuck it into the breast of his smock-frock. While afterwards engaged in his labours, a cask or something came against the drayman, and forced the great needle into his person with so much force and to such a depth, that it could not be extracted, nor could the unfortunate man pursue his work. Slight as the cause was apparently, this accident occasioned the man's death: he soon became seriously ill, and no art could extract the needle, or save the individual's life. After his death, the assistant surgeon was desirous of dissecting the body, and particularly of ascertaining the station of the needle, which had produced mortification and death. Of course, the part surrounding the needle was the most important object of dissection; and while engaged in dissecting such portion of the body, the assistant surgeon rather slightly cut his finger. This wound could not be cured; in two days, the left arm swelled considerably; and in a day or two afterwards mortification ensued, terminating in death.

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there is not much danger of calculi being formed from the urine lodging in the sac?

Several specimens of stones in sacs of the bladder are placed upon the table; but I am not prepared to say whether the sacculi in these examples were formed in consequence of stricture of the urethra, or of the irritation under which the bladder of a person, with symptoms of gravel, generally suffers. It cannot, however, I presume, remain a question, that the formation of stone is to be considered as one of the dangers attendant upon a sacculated bladder, whatever may have been the original cause of the sac being formed. [*To be continued.*]

ANATOMICAL INVESTIGATIONS.

The numerous obstacles which have of late years been thrown in the way of Anatomical pursuits in this country, are of so serious a nature, and likely, if not soon removed, ultimately to put an end to the study of anatomy altogether, that we think it of the highest importance coolly and dispassionately to discuss the subject, for the purpose of inducing our professional brethren to do all in their power to eradicate the prejudice that unfortunately exists against it, and of convincing the public at large of the injurious consequences which would ensue, if so useful a branch of knowledge were not to be cultivated. The value of any art or science will be determined by the tendency it has to increase the happiness, or diminish the misery of mankind; to how great a degree a knowledge of Anatomy can effect either of these objects we shall now proceed to inquire.

Anatomy may be said to have two divisions: the first, which teaches us the condition of the different parts of the human body in health; the second, commonly called Morbid Anatomy, by which we become acquainted with the nature of the changes which take place in those parts from disease. A student on commencing his Anatomical studies is informed, first, of the existence of parts of which, perhaps, he had never before heard; and having acquired a knowledge of their existence, then proceeds to learn the different circumstances relating to them, as their situation, external appearances, use, &c. As for instance, a student on examining a body for the first time, sees, in the cavity of the abdomen, a bag

or pouch distended, or not, as it may happen; he asks what it is: he is told that it is the stomach; he marks its situation, colour, figure and texture; and then, from a knowledge of these circumstances, is led to inquire respecting its use. This we are aware is not to be learnt from dissections only; other means must be had recourse to, which however, would never have been suggested if the anatomy of the organ had not been thoroughly understood. Again: a student dissects the integuments from the front of the chest; he sees a muscle, is informed of its name, learns its origin, insertion, use, and the direction its fibres take, and so on of the different parts and organs of the human body. A knowledge of this part of anatomy is of use in two respects; first, without it nothing can ever be known of Morbid Anatomy; and without Morbid Anatomy, as we shall presently show, the nature of disease can never be understood; and secondly, it is indispensable to the treatment of many surgical cases, and the performance of most surgical operations. Let us take, for example, a simple fracture of the bones of the leg; look at the treatment of such a case by a man ignorant of the principles of practice, and which principles can only be accurately applied just as he may be acquainted with the origin and insertion, of the different muscles exerting an influence on the fracture, in order that he may place them in a passive state, and by that means be enabled to keep the ends of the bones in accurate opposition; without some such knowledge, the sufferings of the patient might be prolonged to an indefinite period, and fatal consequences in the end result from what, under proper management, would have terminated well: these observations apply equally to most cases of fractures. By persons ignorant of the bones and muscles in the neighbourhood of joints, dislocations will seldom be detected, or ever reduced; and thus cases which, with a proper degree of skill and attention, are perfectly simple and easy of treatment, will, without it, be attended with the most serious results to the unfortunate sufferers. As for surgical operations, it would be as natural to expect an individual who had never learnt or heard a word of German in his life, to read and talk that language, as it would be to think that a surgeon could operate on parts, of the anatomy of which he was entirely ignorant: the one case is not more preposterous than the other. Life, in many cases, depends on the prompt performance of surgical operations; these are the only means by which it can be saved; yet, if a surgeon has not had the power of acquiring anatomical knowledge, death will occur: when, by one acquainted with the subject, it might easily have been prevented.

We have now been considering a knowledge of the state and situation of the various parts of the human body in health; we have alluded to its importance, as far as relates to a clear conception of the changes which take place from disease, and have spoken of its importance, as far as concerns the mechanical treatment of various accidents, and the performance of certain mechanical operations. We shall now proceed to the consideration of a still

more important part of the subject, we mean Morbid Anatomy, which every scientific surgeon and physician will studiously cultivate; as by an acquaintance with it, the former will know when operations ought to be performed, and when to be avoided; and the latter, that on it alone can be founded any rational knowledge of the nature and treatment of disease. Any one who takes a survey of the history of medical science, will be struck with the diversity of opinion that has existed in all ages respecting disease; theories out of number, on almost every disorder, have been put forth, which lasted for a time, and then passed away, and are only mentioned at present to illustrate the ignorance of the ages in which they were invented. But on an examination into the cause of this continual change of opinion on medical subjects, it will not be found very difficult of solution; a theory is good or bad, in proportion to the extent and correctness of the facts and observations on which it is founded: on what were the theories to which we have before alluded, founded? On mere conjecture in most cases, and in others on the most narrow observation. Within a very few years opinions, equally absurd as those of the ancients, were held by individuals in this country; they are, however, dying away: a change has taken place; and to what can we attribute it, if not to more accurate views of pathology obtained by means of Morbid Anatomy? Look at any part of the field of disease; take fever for example, and see the light which has of late years been thrown on it. An intelligent practitioner will go to the bedside of a patient labouring under fever, regardless of the name by which it is called, seek for the part or parts affected, endeavour to discover the nature of the affection, and then taking into consideration all the circumstances of the case, will treat it accordingly. Look at puerperal fever, in which the mortality used to be nine in ten at the least; but since the nature of the disease has been so well understood, by means of morbid dissections, the case is reversed, and no one acquainted with the principles of practice ought now to lose more than one in ten. (Vide *Medical Intelligence*, vol. i. p. 151.) We might go over the whole range of the diseases that are known, and though some are still very obscure, yet the improvement which has taken place in others, and the means by which it has been effected, are quite sufficient to convince any one, that in proportion as this branch of knowledge is cultivated, so will the obscurity and uncertainty attending disease be removed.

It will scarcely be necessary to say, that by repeated dissections alone, can a knowledge of Anatomy be acquired; anatomical plates and preparations may assist, and some aid may be obtained from comparative Anatomy; but it is from the dead body alone that real Anatomy can be learnt: and let those whose indignation is sometimes raised against persons pursuing this branch of knowledge, only reflect for a moment on the nature of the pursuit, and they will soon be persuaded that it is only from absolute necessity that it is followed, from the impossibility of learning the surgical science

without it. In addition to the labour necessary to understand and remember what is dissected, there is the unwholesomeness of the occupation, and the danger incurred even by the most careful, from accidents which, in a broken up constitution, not unfrequently prove fatal. Morbid Anatomy is to be learnt from *post mortem* examination of individuals who had been labouring under disease: to render it of much use, the previous history of the case should be known, and this cannot be done, unless the symptoms were accurately recorded at the time they were apparent; on histories collected from friends, and written from recollection, very little dependance, comparatively speaking, can be placed. These remarks apply equally to accounts of *post mortem* examination, which should be recorded at the time they were made, or as soon after as possible.

Having considered the object of anatomical knowledge, and the only means by which it can be acquired, we shall now say a few words on the difficulties experienced in obtaining subjects for dissection.

Bodies, in this country, can only be obtained at present in two ways; first, in cases where individuals have been executed for murder; and secondly, by stealth.

During the reign of George II, an act was passed ordering the bodies of those executed for murder to be given up for dissection. Now the inefficiency of the means granted by this law to pursue anatomical knowledge must be apparent to every one; the number of persons executed in England and Wales from 1805 to 1820 inclusive, amounted to 1150; allowing half of this number to have been dissected, there would only have been 575 bodies allowed by the law to supply the profession with anatomical knowledge during sixteen years, when every year about a thousand students come to town for the purpose of acquiring a sufficient portion of surgical knowledge to serve them during their whole lives. But we are not quite certain that the insufficiency of the supply is the only evil; the law only allowing bodies of malefactors to be dissected stamps an obloquy on the act of dissecting, which, under existing circumstances, will do more mischief to the cause than any slight advantage to be derived from such a scanty supply. The second mode is by theft. We have shown above, that surgery as an art cannot be beneficially practised, nor surgery and medicine be studied as sciences without a knowledge of Anatomy; and as surgery and medicine are indispensable to the cure and alleviation of disease, and will be studied as long as health continues to be an object of desire, persons will be found, there is no doubt, to undertake to get bodies at any risk. The evil effects of enacting into a crime what is absolutely necessary are very serious; by that means many individuals are disqualified from keeping laws which it is desirable should be respected, and by this mode a government inflicts punishment for crimes which it has been the means of erecting. Mr. Abernethy, in his introductory Lecture this season on Anatomy, alluding to the difficulties experienced in this country in procur-

ing bodies for dissection, said, that it was a national disgrace. Truly might Mr. Abernethy say it; it is a disgrace to every country to suffer laws to exist which are opposed to the general good, and such are the present laws against the procuring of bodies. Bad laws may remain unrepealed from one of two circumstances, or perhaps from both combined; first, because the people do not see the evil tendency of the laws, and secondly, seeing their evil tendency, they have not the immediate power to repeal them. In our country, the laws against obtaining bodies evidently remain unrepealed from the first of these causes.

In one word, it being admitted that the science of Anatomy is in a pre-eminent degree conducive to the happiness of mankind, and also that dissection of subjects is the best means of acquiring a knowledge of the science, it would be desirable to this end that subjects should be obtainable with the least possible difficulty. The legislature then should never interfere but to promote the facility of obtaining subjects, excepting in cases where individual security would become affected; for instance, when they are procured by abstraction from any inclosed burial place, supposing popular opinion to be against any such deed, the legislature should apply the least possible punishment. Government ought to exert itself to remove from the minds of the people all prejudices which have a tendency to destroy the general happiness of the nation.

Chemical Discovery.—M. Dobereiner, Professor of Chemistry in the University of Jena, gives an account of a discovery of the greatest importance. By a series of entirely new experiments, he has ascertained that platina, the heaviest of all elementary substances, when reduced into very fine particles, produces, by simple contact with hydrogen gas (the lightest of elementary substances), an electrical or dynamic combination, which, if brought into contact with hydrogen gas, or with atmospheric air, instantly dissolves itself, yielding fire and water. To prove this important fact by a brilliant experiment, M. Dobereiner makes hydrogen pass from a reservoir, by a capillary tube, curved below, upon pure platina in powder, which is confined in a glass tunnel, hermetically sealed at the point, so that the gas mingles with the atmospheric air before it touches the platina. The moment that the current of gas reaches the surface of the platina, the powder of that metal becomes red and burning, and this phenomenon continues as long as the stream of gas is directed upon it. This fine discovery will open a new field for physical and chemical researches.

MISCELLANEOUS.

Progress of Science.

Action of Flowers on Air.—Some interesting experiments have been lately performed on this subject by Saussure. The flowers, even of aquatic vegetables, do not develop themselves in media deprived of oxygen gas; they require for their support a greater proportion of this than the other

parts of the plant. Some flowers, as roses, preserve their corolla for a shorter time in air than in vacuo, or in azote; but when removed, their petals exhale an offensive odour, so that though apparently in full vigour, they have actually undergone decay. When a flower is placed under a receiver full of air confined by mercury, the volume of air is very little if at all altered. Oxygen is however absorbed, which is replaced by its own volume of carbonic acid. Saussure has not been able to detect any hydrogen in the air in which the plants were confined, nor does there seem to be any alteration in the volume of nitrogen. The following are a few of the results of his experiments with respect to the difference in the quantity of oxygen consumed by the flowers and by the leaves. The experiments were performed in summer, and in the shade, and only when the flowers were fully developed.

Flowers.	*Oxygen consumed by flowers.*	*Oxygen consumed by leaves.*
Single gilliflower	11	4
Passiflora serratifolia	18·5	8·5
White lily	5	2·5
Carrot (umbels of)	8·8	7·5
Single tuberose	9	3

Bagne Lake and Glacier.—Our readers must remember that in 1805, and in some of the subsequent years, immense masses of ice having fallen into the river Drause, in the valley of Bagne, they became consolidated by the cold, and thus proved a barrier to the passage of the water, by which a lake of great extent was formed. Owing, however, to the pressure of the accumulated fluid, the ice gave way, and occasioned prodigious destruction, from the escape of the water into the lands beneath. Though thus broken, the barrier has again, by the accumulation of ice, become almost as complete as before, and has given rise to the apprehension of the same dreadful consequences; it has been therefore an important object to prevent a repetition of them, by diminishing, or at least putting a stop to the increase of the barrier. The method adopted by M. Venetz promises the greatest success. He had observed that the glacier could not support itself, where the river is of a certain width, but fell into it, and was soon dissolved. He formed and executed the design of bringing the water of the streams from the neighbouring mountains, by a canal to Mauvoisin, opposite the highest part of the glacier, from whence it is conducted in two streams, by wooden troughs, on to the glacier in a direction parallel to the valley, and being warmed by the sun in its course, it soon cuts very deep channels in the ice. By varying the direction of the current, different parts are thus cut, so that the ice is constantly falling into the river, where it is dissolved. When the weather is fine, these streams, which are about five inches in diameter, act with extraordinary power, piercing a hole 200 feet deep, and six feet broad, in 24 hours. They are calculated to remove 100,000 cubic feet of ice from the barrier daily, by which it is expected that, should the weather continue favourable, the whole will be taken away in three years. M. Venetz estimates the quantity removed in the year 1822, between 11 and 12 millions of cubic feet.

Thenard's Blue.—Thenard has given the following formula for the preparation of this beautiful substance. Make a solution of nitrate of cobalt, by roasting the cobalt ore, digesting it in diluted nitric acid, evaporating the solution to dryness, and dissolving the residue in water. To this, phosphate of soda is added, and the powder thrown down, well washed with water, and, when still moist, intimately mixed with eight times its weight of alumina, prepared by the addition of ammonia to a solution of alum, the alumina being used also before it is dried. The mixture is then spread on thin plates, dried in a stove, and when dry reduced to a fine powder, which is afterwards exposed to a red heat in a covered crucible for half an hour.

Artificial Haloes.—The following experiment described by Dr. Brewster, illustrates, in a beautiful manner, the actual formation of haloes. Put a few drops of a saturated solution of alum on a plate of glass, and in a little time it will crystallize in minute octohedrons. When this is held between the observer and the sun, or a candle, with the eye close to the smooth side, three beautiful haloes are observed, at different distances from the luminous body. The innermost, which is the whitest, is produced by the images refracted by a pair of faces of the crystals, not much inclined to each other; the second, which is more coloured, with the blue rays outwards, is formed by a pair of faces more inclined; and the third, which is large, and highly coloured, by still more inclined faces. Each separate crystal forms three images of the luminous object, placed at points 120° distant from each other, in all the haloes; and as the faces are turned in every possible direction, the whole circumference is completely filled up. The same may be produced by other crystals, and the effects may be curiously varied by crystallizing together salts of different colours.—*London Magazine.*

Simulated Death.—A very extraordinary case of this nature occurred a few days ago at Hammersmith, in the person of Harriet Smith, a young woman of interesting appearance, who served as housemaid in the family of Robert Emmerson, Esq. of Oxford-street. This girl, it seems, had about three years ago been thrown from the top of a stage coach, and received many severe contusions, both internal and external, which seriously affected her strength, and brought on a gradual decay of nature, Being incapable of performing her customary business, she relinquished her situation, and obtained an asylum beneath the roof of a female relative at Hammersmith. Here, notwithstanding her total cessation from all corporeal labour, her complaint still advanced; she every day grew weaker, and was frequently subject to long faintings. Through the kind attention of some ladies with whom she had formerly lived, every aid that eminent professional advice could afford was rendered to her, with a constant supply of such necessaries and comforts as her helpless situation demanded. On Thursday week she had been taken out for an airing, and returned

home with renewed strength, and in rather better spirits than usual. After taking some refreshments, she complained of excessive inclination to sleep, and was therefore placed in bed betwixt the hours of six and seven in the afternoon. In apparent enjoyment of profound repose, she remained until a very advanced hour the following day, when, on attempting to arouse her, she was found to be quite cold; her lips were colourless, and her eyes glazed; all pulsation had ceased; every thing bore testimony to the power of the fell destroyer—death. The last offices to her remains which are directed by decency were then performed; the corpse was attired in the usual grave-clothes, and laid on a bed, where it remained from Friday noon until Sunday morning, the afternoon of which day was fixed for the interment. Happily, however, the horrible event, which we fear occurs but too often, was frustrated. On the removal of the body from the bed to the coffin, one of the persons engaged, accidentally placed her hand on the bosom, and fancying its touch imparted a sensation far more warm than the damp and clayey feel of a corpse, she naturally expressed her opinion to those who were assisting in the melancholy office; a closer examination convinced them that they were about to commit to the cold grave a living subject. The cheeks and lips were still livid and colourless; the eye exhibited no sensation of vision, but the vital principle reigned about the region of the heart, and on the application of a glass, breathing was once more perceptible. The physician who had attended during her illness was instantly sent for; on his arrival, signs of returning animation were so manifest, that he concluded bleeding and the application of warm bricks, would be productive of immediate restoration. He therefore opened a vein, first in one arm, and then in the other, but without effect; every other effort proved equally unavailing, until about five o'clock in the evening, when a rapid change took place; the throbbing of the heart and the pulse became perceptible, the cheeks and lips partially regained their crimson, respiration returned with ease and vigour, and in a few moments all the animal powers assumed their functions. During the interesting interval, the various insignia of death were removed, in order that she should not be terrified by their appearance when perception returned; but being questioned as to her health, in the customary manner, she manifested no knowledge of what her situation had been, merely saying that she felt cold and weak, with an extraordinary oppression, and a sensation of fear, not unlike that which is experienced in dreams, when afflicted with the complaint commonly called nightmare. She has improved not only in health, but in spirits, every day since, and is now likely to be long an inhabitant of this world.

TABLE TALK.

Prince Hohenlohe not wanted.—This illustrious miracle-monger will derive no additional reputation from the Axminster case, for the best of all possible reasons—the fair sufferer has recovered with-

out him. The young lady, Miss Eames, was suddenly deprived of speech by the terror excited from the assertion, made in jest by her companion, that a spider was crawling upon her. A loud and instantaneous scream ensued, which was immediately followed by a total cessation of the faculty of speech for four months. It is now about three weeks since that Miss E. recovered. It is really very hard that the pious prince and his worthy coadjutors cannot get up the slightest miracle without being instantly pounced upon by the unhallowed scribes of the public press with the most overwhelming refutations; and, as is shown by the present instance, being compelled to yield their high assumptions of holy influence to the interpretation of mere morbid occurrence.

Caleb Quot'em Eclipsed.—In the village of Harrington, between Evesham and Alcester, a signpost, exhibited by the side of a barber's pole, thus announces the multifarious occupations, avocations and qualifications, of the industrious and indefatigable inmate. — James Tarrant, joiner, cabinet maker and builder, bricklayer and plasterer, repairs all kinds of machinery, keeps a journeyman *carpenter* to do all sorts of *blacksmith's* work, hangs church bells, pig killer, rings pigs and spays, bellows mender, tooth drawer and hair dresser, well sinker and thatcher, jobbing gardener.—N. B. Gamekeeper to the manor of Norton and Linchwick.

A wonderful Shark caught.—While Mr. John Stratton, of Stratford, was fishing for sturgeon, on the 20th ult., at the mouth of the Housatonac, in a canoe, he saw a monster making towards him, which he supposed, from his size, his mouth being open, to be the far-famed and long-sought-for sea serpent. He thought, as he himself states, that now was the time to immortalize himself. The monster advanced swiftly up, and when within proper distance, Mr. Stratton struck him with the harpoon (generally used in taking sturgeon) just at the back of the fins next the head, which occasioned him to alter his course speedily. He towed the canoe and three men with unparalleled swiftness half a mile, when, from loss of blood, they came up with him, gave him another harpoon, and hauled him alongside; and with the assistance of a scow, which immediately came off from the shore with four men, they took him on board. He proved to be a shark, measuring from the extreme parts of his head and tail, eleven feet six inches, and seven feet in circumference. A porpoise's head was taken from his inside entire; a sheep's leg with the wool on, from the fore-shoulder down; a hen entire, with all her feathers on; eight and a half gallons of oil were extracted from his liver. His skin was sold for two dollars. His jaws were taken out, and are now to be seen at Captain Joseph S. Porter's store; they contain five rows of ivory on each jaw, and can be drawn over the largest man's shoulders.—*Bridgeport (Connecticut) Farmer.*

In the belly of a herring bought in Ulverston market last week, by Mr. James Robinson, of the Gill, a copper farthing, something less than a shilling, was found; upon

one side of it, in the centre, wer the initials "W. P." around which was the word "Farthing;" on the other side, "Pro bono publico." Date, 1757.—*Lancaster Paper.*

A very Extraordinary Circumstance.—Mr. Awcock, of Barcomb, near this town (Lewes), has recently discovered that the whole of his grazing horned stock, and two sucking calves, are totally blind, but without being able in the smallest degree to account for it. Mr. A. was led to the discovery by some one or two of the animals having fallen into a ditch while grazing.—*Sussex Advertiser.*

The Cure of Souls.—At a vestry meeting held at Cork, on Friday last, the Mayor of the city stated, that the Rev. James Meara, the vicar of the parish, but who had not visited it for the last six years, possessed no less than *fifteen* vicarages, *three* rectories, *one* prebendary, a glebe-house, with forty acres of land, and *two* or *three* churches!

At the York Musical Festival, a party of Ladies not being able to obtain a dressing-room at their inn, on their arrival from the country in the morning, were charged in a neighbouring dwelling-house *one guinea* for the few minutes required to adjust their dress.

Mysterious Occurrence.—Several respectable spinners and manufacturers of this town forwarded remittances, through the medium of the Manchester post-office, to their brokers at Liverpool, on Tuesday, the 30th ult. which letters have not reached their destination. The general supposition is, that they have been obtained from the post-office, Liverpool, by some person personating the brokers; but as the bills are all specially endorsed, and as the matter is now in the hands of the general post-office, there is no doubt this singular affair will be speedily elucidated.—*Manchester Paper.*

Comparative Longevity of Whites and Blacks.—From the census it appears that 12·17 per cent. of the white population of the United States are 45 years of age and upwards, while of the blacks the proportion is only 10·40 per cent., making a difference of nearly one sixth in favour of the longevity of the whites. If we make the comparison, however, with the whites of the southern states, the result would be less favourable. In the states south of Pennsylvania and the river Ohio, including Missouri and Louisiana, only 11·23 per cent. of the white population are more than 45 years of age. From this it would seem that the climate of the southern section of the Union is not so favourable to the blacks as to the whites.—*American Paper.*

There is now in the windows of most of the print shops, a view of Botany Bay, on a large scale. Its woods, and mountains, and lakes, (to say nothing of several ranges of handsome buildings), give it altogether so inviting an aspect, that there is some reason to fear that very ardent lovers of the picturesque may be inclined to commit a petty larceny, in order to enjoy a nearer view of such enchanting scenery. We are surprised that the various anti-sinner societies in the metropolis have not

taken the alarm. We observed several pickpockets, yesterday, viewing the sketch with more than the rapture of mere connoisseurs.

The French papers mention a living instance of remarkable longevity in the department of the Oriental Pyrenees. A woman named Anne Benet, of the canton of Olette, is at the age of 109, in the full enjoyment of all her faculties.

According to a list given in the *Inverness Courier*, the number of genuine Celtic surnames, beginning with *Mac*, amounts to not fewer than 392.

A female shark, of large dimensions, was taken alive a short time since, in the Humber, near the Pottery, while in the act of making a spring at two children who were washing their feet. The shark is eight feet in length, and measures four feet across the shoulders.

There is now in the neighbourhood of Bradford, an apple tree, which measures 160 feet in circumference at the extremity of the branches, and is supported by fourteen props, supposed to contain 20 sacks of apples.—*Herald.*

Mr. Best, in Cow-court, Nottingham, has in his garden two currant-trees, which, after bearing fruit at the usual time, were pruned of some of the old wood, and the trees have shot out new leaves and blossoms, and even small fruit may be perceived.

The Gemini appear to be the influential sign in the zodiac this year. It has been remarkable in the matrimonial world for the birth of twins.

A carrot was drawn from the Vicarage garden at Cam, Gloucestershire, on Tuesday last, which weighed 5½lbs. with the top; without it, 4lb. 3oz.: girth, 15 inches.

The Westminster Hawk.—There is to be seen on Westminster Abbey every day a noble hawk, which is known by the neighbouring inhabitants to have resided there above 30 years, where he reigns despotic monarch. His territories are shunned by all the feathered race; and if by chance a pigeon or other bird alights there, he pounces upon it and tears it to pieces. He seldom roams any distance thence, except when compelled by hunger, which as soon as he satisfies he returns. His favourite station on the Abbey is immediately over the clock, where he is sure to be seen daily.

NOTICE TO CORRESPONDENTS.

D. is right.

E. L. must send us more particulars, or we cannot publish his statement.

We answer "An Enemy to B—y" in the affirmative.

Does F. M. wish his letter to be published?

A Sharp Pointed Lancet is informed that we did not see the article in *The Times* to which he alludes. The Physician certainly is not a Chemist.

Z. z. may rest assured, that we shall firmly conform to his request.

A. P. is in the secret respecting "Sensation."

ORIGIN OF THE GAME OF CHESS.

In the beginning of the fifth century of the Christian Æra, there was in the Indies a very powerful Prince, whose kingdom was situated towards where the Ganges discharges itself into the sea. He took to himself the proud title of King of the Indies; his father had forced a great number of sovereign princes to pay tribute to him, and submit themselves under his empire. The young monarch soon forgot that kings ought to be the fathers of their people; that the subject's love of their king is the only solid support of his throne; that that love alone can truly attach the people to the prince who governs them, and that in them consists all his strength and power; that a king without subjects would only bear an empty title, and would have no real advantage above other men.

The Brahmins and Kajahs, *i. e.* the Priests and Nobility, represented all these things to the King of the Indies; but he, intoxicated with the idea of his grandeur, which he thought was not to be shaken, despised their wise remonstrances. Their complaints and representations continuing, he was offended, and to revenge his authority, which he thought despised by those who dared to disapprove his conduct, he caused them to be put to death in torments.

This example affrighted others. They were silent, and the Prince abandoned to himself, and, what was more dangerous for him, and more terrible to his people, given up to the pernicious counsels of flatterers, was hurried on to the last excesses. The people were oppressed under the weight of unsupportable tyranny, and the tributary Princes persuaded that the King of the Indies, in losing the love of his people, had lost the very essence of his power and strength, were preparing to throw off the yoke, and to carry the war into his estates. Then a Brahmin, or Indian philosopher, named Sissa, the son of Daher, touched with the misfortunes of his country, undertook to make the Prince open his eyes upon the fatal effects which his conduct was likely to produce. But, instructed by the example of those who had gone before him, he was sensible his lesson would not prove of any service, until the Prince should make the application of it to himself, and not think it was done by another. With this view he invented the Game of Chess, where the *King*, although the most considerable of all the pieces, is both impotent to attack, as well as defend himself against his enemies, without the assistance of his subjects and soldiers.

The new game soon became famous, the King of the Indies heard of it, and would learn it. The Brahmin Sissa, was pitched upon to teach it him, and, under the pretext of explaining the rules of the game, and shewing him the skill required to make use of the other pieces, for the *King's* defence, he made him perceive and relish important truths, which he had hitherto refused to hear. The King, endued naturally with understanding and virtuous sentiments, which the pernicious maxims of his flatterers and courtiers

could not wholly extinguish, made an application himself of the Brahmin's lessons; and now convinced that in the people's love of their king consisted all his strength, he altered his conduct, and prevented the misfortunes that threatened him.

The Prince was sensibly touched, and gratefully left to the Brahmin the choice of his reward. He desired that the number of grains of corn, which the number of the squares of the chess board should produce, might be given him: one for the first, two for the second, four for the third, and so on, always doubling, to the sixty-fourth.

The King, astonished at the seeming modesty and reasonableness of the demand, granted it immediately, and without examination; but when his Treasurers had made the calculation, they found that the King had engaged himself in a grant, for the performance whereof neither all his treasures, nor his vast dominions, were sufficient. Then the Brahmin laid hold of this opportunity to give him to understand of what importance it was to Kings to be upon their guard against those who are always about them, and how much they ought to be afraid of their Ministers abusing their best intentions.

The Game of Chess was not long confined to India, it passed into Persia during the reign of Cosroes. The Persians looked upon it as a game to be made use of in all countries, to instruct Kings at the same time that it amused them, as the name which they gave it signifies: *Schertrengi*, or *Schatrak*, the game of the *Schah*, or *King*.

The names of many of the pieces of this game, which have no reasonable signification, but in the eastern languages, confirm the opinion we propose of its eastern original. The second piece of Chess, after the *King*, is now called the *Queen*, The old French authors call it *Fierce*, *Fierche*, and *Fierge*, or *Fiercir*. Corruption of the Latin *Fiercia*, derived from the Persian *Ferz* or *Firzin*, the name of that piece in Persic; and signifies a *Minister* or *Vizier*. Of the word *Fierge*, they have made *Vierge*, *Virgo*, and afterwards *Lady* or *Queen*. The resemblance of the words made this change very easy, and it seemed so much the more reasonable, because that piece is placed near to the *King*, and at its first moves, like the *Pawns*, could only move two steps, which made it one of the least considerable of the board, as the authors of two ancient Treatises of the Game of Chess acknowledge.

The constraint upon the Lady of Chess was displeasing to our forefathers. They looked upon it as a sort of slavery, more suitable to the jealousy of the eastern people than to liberty, which ladies have always enjoyed amongst us. They extended therefore the steps and prerogatives of that piece, and in consequence of the gallantry so natural to the western people, the Lady became the most considerable piece of all the game.

There was still an absurdity in this metamorphosis of the *Firzim* or *Vizico* into *Queen*, and this incongruity remains yet to this day, without our taking notice of it.

When a *Pawn*, or a simple soldier has traversed through the

enemy's battalions, and penetrated so far as the last line of the board, he is not allowed to return back, but is honoured with the step and prerogatives of the *Queen*.

If the *Ferzin* or *Fierge* be a Vizier, a first Minister, or a General of an army, we can easily comprehend how a *pawn* or a simple soldier may be elevated to their rank, in recompense of the valour with which he has pierced through the enemy's battalions. But if the *fierge* be a *Lady*, a *Queen*, or the King's wife, by what odd metamorphosis does the Pawn change his sex, and become a woman that was a soldier before? And how do they make him marry the King, in recompense of that valour of which he has given such proofs? This absurdity proves that the second piece of Chess has been *mal apropos* called *Lady* or *Queen*, for what King ever became so enamoured of his first Minister as to marry him, and take him for better for worse, until death do them part?

The third piece of Chess which we call the *Bishop*, the French, *Fool*, the Spaniards, *Alferes*, and the Italians, *Alfiere*, a Serjeant, in the east was of the figure of an elephant, and whose name it bore. The *Knight*, which is the fourth piece, has the same name and figure every where. The fifth piece, which we call the *Rook*, and the French, *Tour*, is called by the eastern people the *Rokh*, and the Indians make it of the figure of a camel, mounted by a horseman, with a bow and arrow in his hand.

This name of *Rokh*, which is common both to the Persians and Indians, signifies in the language of the last, a sort of camel used in war, and placed upon the wings of their armies by way of light horse. The rapid motion of this piece, which jumps from one end of the board to the other, agrees so much the better with this idea of it, as at first it was the only piece which had that motion.

The *King*, *Queen*, and *Pawn*, made but one step, the Bishop but two, as well as the Knight, neither of them going further than the third square, including that which they quitted. The *Rook* alone was unbounded in his course, which may agree to the lightness of the dromedary, but in no way to the immobility of towers or fortresses, the figures of which we generally give to those pieces.

The sixth and last piece is the Pawn or common soldier, which has never been suffered to change.

The Chinese have made some alterations in this game. They have introduced new pieces under the name of cannons or mortars, the use of artillery and powder having been long known to them, before it was discovered by the Europeans. — Tamerlane made yet greater changes in this game, and by the new pieces which he invented, and the motions he gave them, he increased the difficulty of a game, already too much complicated to be looked upon as an amusement; but these additions have not been approved of, and the ancient manner of playing, each with sixteen pieces only, and upon a board of sixty-four squares, has taken place again.

THE LANCET

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CONTENTS OF No. 1.

Preface.—Sir ASTLEY COOPER's Introductory Surgical Lecture, delivered at St. Thomas's Hospital, on the 1st instant.—Enlightened Liverymen!—Dr. Collyer.—The Drama.—Medical and Surgical Intelligence.—Medical Extracts.—Compositions of Quack Medicines.—Table Talk.—Elia *v.* Southey the Laureate.

CONTENTS OF No. 2.

Sir ASTLEY COOPER's Surgical Lectures continued.—A cut at, and exposure of, the morbid parts of Dr. COLLYER's Case; with new Depositions from Piper, Povey, and Towsey; and a Deposition from another eye-witness of the name of Keates.—The Drama.—Medical Extracts.—Compositions of Quack Medicines.—Miscellaneous.—Table Talk.—Birmingham Musical Festival.

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THE LANCET.

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SURGICAL LECTURES

DELIVERED BY

SIR ASTLEY COOPER, BART.

Theatre, St. Thomas's Hospital,
Monday Evening,
Oct. 20th, 1823.

Lecture Fifth.

We shall, said Sir Astley, first speak of

The Treatment of Chronic Inflammation.

The remedies employed here must have a slow, gradual action on the secretions. You cannot take this disease by storm. And, if your medicines are attended by violent actions, you will do harm instead of good. The principle of this complaint is the same as that of acute inflammation, being the arrest of secretion. Chronic inflammation is frequently produced through the influence of the mind: thus, long-continued grief will completely stop the secretion of bile; again, loss of appetite, from a deficiency of gastric juice, is occasioned by anxiety of mind; and even an ulcerated state of the stomach, has been produced by a long continuance of the same cause. But let what will cause the stoppage of secretion, some enlargement will be the result; as swelling of the liver, testicles, joints, the formation of common tumours, as the fatty,—or those of a specific kind, as the fungous.

In diseases of a chronic kind, give calomel and opium; and I cannot point out to you a better example of their good effects than is observable in inflammation of the iris (circle round the pupil of the eye). A person comes into the Hospital with the iris, having around it a zone of red or yellow spots, according to the violence of the complaint; the part being in a state of extreme vascularity, you give this patient five grains of calomel, and one grain of opium,

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twice a day for a fortnight, and to a certainty he gets well; yet this disease was formerly considered incurable. If the patient be a female, or naturally of a delicate constitution, then two or three grains of the calomel should be given, instead of five, as above named: when the mouth becomes affected, you must discontinue the mercury, or its consequences will prove aggravating to the disorder. The most common medicine, and probably as a general one the best that is administered in chronic inflammation, is the pil. hydr. submur. comp. (Plummer's Pills); they act at one and the same time on the secretions of the liver, intestines, and skin, and if you can succeed in restoring these, the disease, if recent, will soon disappear, for then there will be no congestion, and consequently no enlargement.

Another excellent medicine for the cure of chronic complaints, is composed of an eighth of a grain of oxymuriate of mercury, (corrosive sublimate) dissolved in half a pint of the compound decoction of sarsaparilla. In the Hospitals we merely give it dissolved in rectified spirits of wine: the above quantity may be taken in the course of a day; one half in the morning, and the other in the evening; continue it as long as you think necessary, taking care to watch its effects on the gums, and always keeping in mind, that mercury given to excess, will tend to increase, rather than destroy constitutional irritation. As sarsaparilla seems to possess the power of lessening irritability, we frequently give it with mercury, as above combined; and which medicine has often a most extraordinary effect on opacities of the cornea, and may be prescribed in even very bad cases, with the greatest prospect of success. A girl from Sheerness, was in Guy's Hospital some time since, and in whom the opacity was so great, that she was nearly blind; quite so in one eye: the usual remedies employed in similar cases, were tried, without obtaining the least benefit; she then was recommended the compound decoction of sarsaparilla, with the oxymuriate of mercury, and in a short time she recovered her sight.

The best alterative for the removal of chronic disorders in children, is one grain of the hydr. cu. cret. (quicksilver, with chalk) and two or three grains of powdered rhubarb, mixed together, and given night and morning: this compound is exceedingly mild, and will have a particularly benign influence on

the liver and intestines. One grain of oxymuriate of mercury, dissolved in an ounce of tincture of bark, and from ten to fifteen drops, according to the age of the child, being given twice a day, will likewise be found a very valuable medicine. It is said that the mercury is decomposed by the bark; but whether or not, said Sir Astley, it has been attended with so many good effects, that I shall continue to prescribe it; and especially in those cases where there is enlargement of the mesenteric glands. (The principal characteristic of this disease is an *increase* of the *belly*, but a *decrease* of the *limbs*.) Calomel and rhubarb, the hydr. cu. cret. (quicksilver, with chalk), and soda, will also be found medicines of much power in the chronic diseases of children. Lastly, as it is not advisable to give these little creatures mercury, if it can be avoided, a medicine, composed of two grains of rhubarb, and five grains of the carbonate of iron, given two or three times a day, will often render its employment unnecessary: this medicine acts as an aperient and powerful tonic.

On the Local Treatment of Inflammation.

The nature of inflammation, said Sir Astley, I hope you all now thoroughly understand; that the vessels of the part are in a dilated state, and that they have an increased action. Much has been said about the application of cold in these affections. People have been arguing about words rather than ideas; but it really is not worth while to attend to such fastidious, nonsensical objections as have been started against this remedy. Though cold is not a positive quality, yet it is capable of affording great relief in inflammation — first, by lessening the size of the vessel—secondly, by lessening action, and which it effects by diminishing nervous irritability. If cold be applied to the system generally, it has the power of lessening the frequency of the pulse in an extraordinary degree. Sir Astley tried this upon himself. He went out of his house one evening into the garden when warm, his pulse being 86; at the expiration of an hour it was 76; and at the end of one hour more, was reduced to 65; and had not only lessened in quickness, but also in fulness. Cold will produce torpor, and even death.

A curious instance of this kind occurred near Halifax, in Nova Scotia; Dr. Scott had been dining a little way in the country with

some friends; and they were on their return at night, when one of the party separated from the rest, saying to a companion, that he would frighten some of them by-and-bye. However, they reached Halifax without seeing any thing more of him. At this the party became alarmed for his safety, and returned for the purpose of finding him. He was discovered behind a hillock of snow, in the erect position, but quite dead.

Another curious instance of this kind is related in Cook's Voyages, when some of the officers and crew of one of the ships were landing at Tierra del Fuego. Dr. Solander, who was of the party, particularly cautioned them not to go to sleep; that it was exceedingly dangerous to do so in cold situations. It happened, however, that the Doctor was himself the first who became drowsy; it was with the greatest difficulty that his companions could keep him in motion; and it was only by great perseverance that they succeeded in getting him back to the ship alive.

When cold is locally applied to an inflamed part, it lessens its nervous energy and robs it of its heat; but cold must be severe indeed, if it brings the internal parts of the body below a temperature of 98 degrees. Even here, in the winter, many parts of our bodies vary in temperature from twenty to thirty degrees; thus a thermometor applied to the toes when they are cold, will be found to possess twenty degrees less heat than exists on the calf of the leg.—Cold therefore applied to excess, destroys life; while heat, on the contrary, is one of the actions by which it is supported.

Even on the living body you may apply cold to a part until it actually becomes frozen. Mr. Cline and Mr. Sharp were once attending a patient who had strangulated hernia; to reduce which, they applied ice enclosed in linen cloths, and these they continued for thirty-six hours: now as the ice dissolved, the water formed by it ran down upon the man's groin; and the inner side of his thigh, and the parts whereon this stream passed became completely frozen; proper applications restored them to life; inflammation and slight mortification succeeded: the hernia however was reduced, and the man eventually did well. In these cases apply ice in a bladder.

It frequently happens in this country, during severe winters, that the lobes of the ears and tips of the noses of those who are

much exposed to the weather, will become frozen: they may be restored to life again by rubbing them with snow.

One of the best lotions that can be applied to an inflamed part, is composed of one ounce of rectified spirits of wine, and five ounces of water. Goulard water is also much extolled for reducing inflammation, and lessening pain; but when too long applied, or too strong, it has been known to destroy nervous irritability in too great a degree; Mr. Foster, of Guy's saw a person in whom the upper eyelid became completely paralyzed from its improper application.

In applying the spirit of wine lotion, let your cloths be thin, so that the spirit may combine with the heat of the part, and carry it off in the form of vapour; this is the way in which its good effects are produced.

Sir Astley remarked, that he did not recommend the application of ice to inflamed places; it irritates, and is apt to produce gangrene.

Some years since, when Sir Astley was making a series of physiological experiments, he wished to ascertain what effects would be produced upon the pulse by the sudden application of severe cold, for which purpose he plunged his arm to the shoulder into snow; at the time of the immersion the pulse was 80, but immediately rose to 120; this result was contrary to all that he had ever been taught on the subject—the pulse sometimes did not rise so high as 120, not being more than 110, but was hard and wiry. The immersion in so great a degree of cold caused great pain, and consequently was a source of irritation. This experiment led Sir Astley into an examination of the principles of the cold bath; and he found, that when a person in health takes a cold bath, who is unaccustomed to do so, that it will produce irritation; but, on the contrary, when a person in a state of irritation or fever goes into a cold bath, it tranquillizes the nervous action, and thereby acts as a remedy.

Sir Astley, at one time, had injured his health by being too much in the dissecting-room, and was in the habit of discharging from his stomach a good deal of blood; a considerable degree of sympathetic fever was the consequence; in this condition he went into the country for the benefit of a pure atmosphere, and he there had frequent opportunities of noticing the influence of cold upon an irritable pulse, in his own per-

son.—of an evening, when in the house, his pulse would be at 120, but upon going out into the cold air it sunk in a very short time to 100, and by a longer continuance of the cold it became still less frequent. Thus where there is great irritability of the nervous system and where the heart is sending its blood through the different channels with accelerated motion, cold will prove invigorating, by destroying the first of these affections, and reducing the latter to the natural standard.

In a word, therefore, cold relieves inflammation when locally applied—by abstracting heat—by lessening the diameters of the blood vessels—and by diminishing the action of the part arising from the destruction of its nervous irritability.

The next mode of relieving inflammation, is by the application of heat and moisture: this looks like contradiction, but it is not so. It would be a contradiction to apply heat alone, and its application would certainly do harm; but the reverse is the result, when united to moisture, for the two produce relaxation, open the pores, give rise to perspiration, thereby removing congestion, and occasioning all the beneficial effects that would arise from the application of leeches. The sedative effects of heat and moisture are well exemplified by what happens when a person takes a warm bath; a man, for instance, with a pulse at 75 goes into water heated to 100 degrees, his pulse soon rises to 100, presently he perspires freely, his pulse becomes less frequent, yet soft; great relaxation follows, and if he were not removed would absolutely die, so extensive is the exhaustion that it occasions. Here then is direct proof what heat and moisture do, when they are applied generally; and when used locally, their action on the part is precisely the same.

Fomentations are ordered precisely with the same view, viz. to restore the secretions, by which the tension of the vessels is removed, and the pain much abated. Fomentations occasionally are medicated, being composed of camomile flowers and poppy heads, &c.; but Sir Astley does not consider that these possess any advantages over mere water, at least where the surface of the skin is unbroken.

Poultices are likewise used upon the same principle; the kind of poultice is of little consequence, provided, as in the preceding case, the skin be entire.

The next method of relieving inflammation is by the application of leeches; these relieve upon the same principle as poultices and fomentations, viz. by abstracting from the part a portion of its fluids, and consequently lessening the pain and tension; after the leeches drop off, the bleeding must be encouraged, and this may be done by bathing the part with warm water.

To some persons, and in some situations, however, the application of leeches is attended with very great inconvenience; as occasionally, for example, in inflammation of the testicles. We do not find this an inconvenience in the hospitals; but frequently, to private practice, we see persons in whom it is of the greatest consequence that a bleeding from these parts should be concealed. Now, as there is much mess, trouble, and consequent exposure from an application of leeches, what we do in such cases is this: we request the person to stand before us, and, with a lancet, puncture some of the small veins on the front of the scrotum; in this manner, and with a little warm water, you get any quantity of blood you please; and what is of very great consequence, you stop it when you please; for, by placing the patient in a recumbent posture, and by applying some cold water to the punctures, the blood will immediately cease to flow. In this way, then, you may take away blood from the scrotum, for inflamed testicles, with but very little trouble, and without any exposure.

The learned Professor here said, (and at the same time putting his hand on one of the recently amputated stumps which were lying upon the table) that he had a few more remarks to make, but these would be on another subject; viz.

The occasional retraction of the skin of a stump, after amputation.

A surgeon at Worthing, took off a boy's arm, pretty near the shoulder-joint; the stump healed kindly, and all was thought to be doing well: some months after, however, he complained of pain, and the skin retracted to such a degree, that the bone projected through it at least an inch; in this state, he came to town, and Sir Astley, upon examining the part near the arm-pit, put his finger upon a small tumour: this occasioned the boy to jump, as though he had been electrified; Sir Astley then performed the operation of amputation at the shoulder-joint, and upon examination, it was found the tumour that had been touched, before the operation, and which

produced the electric shock, was a large ganglion of nerves, from whence had arisen the irritable contraction of the skin.

Previously to the above case, a boy was sent to Sir Astley, with a stump similar to the one we have just described, but of the leg; the ends of the bones were cut off, and the boy left the hospital apparently well: but soon after the arm case from Worthing had been operated upon, and the nature of the disease ascertained, this boy again returned, having his stump in a painful irritable state, and the skin evidently retracted. Knowing now (said Sir Astley,) the cause of the mischief, I cut down upon, and took out the end of, the posterior tibial nerve: the bad symptoms disappeared, and the lad recovered.

Going round the Hospital the other day, Sir A. met with another case resembling the above, but, in point of irritability, much worse. At the particular request of this woman, Sir A. amputated, and he now exhibited the part to the students: the nerves appeared to be enlarged, and had formed a ganglion partially resting over the extremity of the bone; this had produced such a degree of irritation, that no part of the stump could be touched without exciting a kind of electric shock; in fact, the woman appeared like a sensitive plant.

How the nerves become longer than the bones in these cases, does not admit of easy explanation.

The amputated stumps of which we have just spoken were left upon the table at the conclusion of the lecture, when each student had an opportunity of examining those beautiful and peculiar specimens of disease.

St. Thomas's Hospital.

WEDNESDAY EVENING, Oct. 22, 1823.

LECTURE SIXTH.

WE concluded the last Lecture, said Sir Astley, by describing the advantages that are derived in Inflammation by the local abstraction of blood, and explained the manner in which those advantages are produced.

We shall now proceed to describe

The TREATMENT of CHRONIC INFLAMMATION.

In the Acute, as has already been explained to you, our object is to decrease vascular action; but in the Chronic we endeavour

to increase it. Thus, in long-continued discharges arising from relaxation we employ stimulating lotions, for the purpose of restoring to the vessels their healthy power of contraction. Again, in sluggish indolent ulcers, it is absolutely necessary to excite action; for which purpose we employ washes, either composed of calomel and lime water, or the hydr. oxymur. (vulg. corrosive sublimate) and lime water; the cupri sulphas (vulg. blue vitriol) is also an admirable remedy in these indolent sores. Gonorrhœa, as I have already shown to you, gives us an excellent illustration of the difference between acute inflammation and chronic, and the principles upon which your opposite treatment must be founded. At first, you diminish strength and action, and then stimulate for the purpose of restoring them.

Whenever you apply lotions to indolent ulcers, you should always cover the parts with oiled silk, to prevent evaporation, by which cold would be produced, and, consequently, harm. Your object here is to excite heat and action; as oiled silk obstructs evaporation, it very materially contributes to create these; and, as the perspiration as well as the vapour from lotions condense upon the inner surface of the oiled silk, it of course succeeds in keeping the part moist; and this is a very great advantage, as it enables you to remove your applications without disturbing the new skin. Now, where this covering is not used, the linen over the wound becomes dry, adheres to the newly-formed skin, and consequently, when you take away one, the other must come with it: in this manner the restorative efforts of nature for twenty-four hours will often be defeated in a single minute.

The next method of treatment that we shall mention, is

Counter-Irritation.

The powers of this remedy are very great, and its advantages numerous; but the chief benefits that result from its employment arise from its drawing off the blood from inflamed parts, and thereby checking the course of disease in important organs: thus, a blister at the nape of the neck, if early applied, will stop an inflammation of the brain; a blister at the pit of the stomach will frequently overcome an inflammation of that viscus; a stimulating irritating lotion applied to the scrotum will often cure an inflammation of the testicle. But counter irritation, carried to excess will do harm; you must therefore be particu-

larly cautious in using it. In parts that have no immediate connexion it is really astonishing to observe its effects. In inflammation of the lungs, a blister applied upon the chest (parts between which there is no direct communication) will soon stop the disease, and be to the patient the principal source of recovery. Blisters, likewise, applied to the front of the body are much to be depended on in inflammations of the liver, intestines, &c.

Blisters are more generally used by surgeons for exciting counter-irritation than any other applications. Issues and setons are also occasionally adopted. Sir Astley again cautioned the gentlemen against exciting such a degree of irritation as would affect the whole system—it must be limited, and kept within proper bounds. Sometimes after the blister has been removed, it may be deemed prudent to keep the wound open; this you can accomplish by removing the loose cuticle, and by dressing the sore with savine ointment.

Another mode of producing counter-irritation is by the application of tartarized antimony (vulg. emetic tartar) ointment. This is a very excellent method, and is now very generally adopted. You must be careful, however, on what surfaces you apply it, if you intend exciting irritation in a great degree; as it is apt to blemish the skin. Sir Astley saw a young lady, who had used it on the arm, for a chronic inflammation of the elbow joint. She was offended with her medical attendants for having recommended its employment; as it left a scar near the elbow, which has since obliged her to wear long sleeves. Such a defect you would not like to see in your sister or friend; therefore, it is nothing more than right that you should endeavour to obviate its existence; and this you may always do by proper attention.

The next circumstance to be attended to in the treatment of inflammation, is posture. Medical men do not consider the human body as a hydraulic machine; nor indeed is it so; but still the fluids of the body are, in some measure, governed by the laws of gravity. Look at the operation that we spoke of in the last Lecture, for relieving inflammation of the testicle. You puncture the veins in the front of the scrotum, and if the patient be in the erect position, blood will freely flow; but, put him in a recumbent position, the stream will immediately

cease; though, when the body is thus situated, the power of the heart is greater than when in the erect position.

If, during the ensuing winter, said Sir Astley, I should be called to any of you having inflammation in your hands, from punctures inflicted when dissecting, I should immediately direct you to get made an inclined plane, and upon which I should order you to rest your hand as long as the inflammation was at all violent.

It is equally necessary to attend to position in inflammation of the leg. We must give you an example; I was sent for, said Sir Astley, to see a gentleman farmer in the neighbourhood of Rayleigh, in Essex, who for a long time had been subject to very severe inflammation in both his legs; they were exceedingly red and very much swoln; constitutional irritation was very great, and the tongue covered by a brown fur. I found him with his legs in a tub of water, I took out one of them, and it smoked excessively; I saw there was no time to be lost, and had him immediately placed upon a sofa, and contrived so as to rest his legs upon the end of the sofa; consequently they were considerably higher than his body; the vessels soon began to unload themselves, and the skin in a short time was evidently less red than when taken out of the water. I then applied flannels wrung out of warm water; these soon produced a very considerable perspiration, by which the cellular membrane became unloaded, the swelling much less, the pain materially abated. He gradually recovered, and in six weeks was enabled to ride a considerable distance to market.

The completest tyro in surgery ought to know, that it would be ridiculous to attempt to cure extensive inflammation of a limb, if it were allowed to continue in a depending position.

The next circumstance to be attended to in inflammation is rest; and the necessity of which must be well known to you, as you all must have observed, that exercise increases the action of the heart, and consequently must be injurious in inflammation. To obtain rest for an inflamed joint is one of our grand principles, and no good can be done without it: it is curious to observe that Nature herself directs this; for where a joint is diseased, the muscles which act upon that joint have lost their power: thus, if a man has inflammation of the wrist, and you put your hand into his and desire him to

squeeze it, you find that he cannot do so, or that the attempt is an exceedingly feeble one. In inflammation of the joints of the lower extremities, the muscles of the part in like manner loose their vigour.

Indurations frequently remain after inflammation has entirely ceased; these are to be got rid of by diminishing the circulation of the part, and by absorption.

Pressure has the power of exciting the action of the absorbents, in an extraordinary degree; and you may produce it either by the use of rollers or strapping.

Electricity too is attended by similar effects; it acts strongly on the absorbent system.

Mercury, likewise, does the same; and, speaking generally, more decidedly so than either of the other remedies we have mentioned.

When a man dies in our foul wards, for example, in a state of salivation, we find that the alveolar process that contained the teeth, has been completely absorbed.

Friction has of late years got into great repute, for the cure of indurated and stiffened joints, occasioned by inflammation; it was first recommended by the late Mr. Grosvenor of Oxford; a man of strong mind, and who possessed a great share of common sense. This remedy was his hobby; and, like all other hobbies it occasionally carried its rider into the mire; for Mr. Grosvenor sometimes would recommend friction before the acute inflammation had terminated, consequently it was productive of mischief rather than benefit; in many instances however where judiciously used, the most benign results have attended its employment. An example: a gentleman in the neighbourhood of Nottingham when shooting received a severe injury in his knee; after the violence of the first inflammatory symptoms was over, there remained considerable swelling, stiffness, and induration; for these he was attended by Mr. Attenborough, an eminent surgeon of Nottingham; as the gentleman did not get better, Mr. A. sent him to town, and here he for some time continued under the care of Sir Astley Cooper and a Physician; still the joint remained in the same state, and the means used inadequate to afford relief. Sir Astley advised him to go to Oxford, and consult Mr. Grosvenor. This he did; and as soon as Mr. G. saw him, and heard that his limb had been kept quiet, he told him to walk to the bottom of Christ Church

meadow, and then return and dine, which he really did. Friction was used in this case with the greatest success, for within six weeks after he went to Oxford, he called upon Sir Astley in town, quite recovered, and thanked him for his recommendation to Mr. Grosvenor.

Friction accelerates circulation and absorption: and the way in which Mr. Grosvenor recommended it to be done was by applying both hands to the joints, at the same time alternately moving them up and down.

The late Mr. Hey, of Leeds, a man whose mind was free from every paltry prejudice, most eminent in his profession, and ever anxious for truth, had a son who met with a serious injury in his ancle-joint: after trying all that he could to relieve it, he sent him to Mr. Grosvenor; and, under his care, by the judicious application of friction, the actions of the joint were completely restored.

On the Adhesive Inflammation.

For a knowledge of this, we are indebted to that bright luminary of our profession, the late Mr. John Hunter, a man who was abused, reviled, and laughed at, when living, by the very persons, who now, that they cannot any longer injure him, are ever loading his name with every species of commendation and praise.

Adhesive Inflammation is the process by which divided parts become united. Inflammation has a disposition to separate the blood into more parts than usually occur when drawn from a person in health. In health, it merely separates into serum and red particles; but, when in a state of inflammation, if after being drawn it be allowed to remain undisturbed, it will separate into serum, red particles, and fibrine. The red particles, collected together in the form of the vessel, will be at the bottom; the fibrine immediately on the top of the red particles, forming what is called the buff of the blood; and the serum will occupy the surrounding space. The fibrine having lost the red particles, contracts with great firmness, and when taken out almost resembles a piece of leather. It has been said, that the adhesive matter is albumen; but it has been proved not to be so. Doctor Bostock, who was for several years at Guy's Hospital, took great pains to investigate its nature, and published several papers on the subject in the Medico-Chirurgical Transactions: he named it fibrine.

Mr. Hunter called it coagulable lymph; this certainly was not a good term to be applied to such a substance, for lymph is expressive of, and relates to, water; whereas fibrine is not only a solid, but an exceedingly firm one.

Some surfaces of the body are serous, while others are mucous. The cellular membrane is one of the former, and usually exhales a fluid somewhat resembling serum, but contains much less albumen. This membrane is very liable to the adhesive inflammation. The vessels that usually secrete the fluid just mentioned, then pour out fibrine, and which, becoming coagulated, produces the hardness that we usually find in inflamed parts.

The peritoneum (membrane that encloses the intestines, &c.) is a serous surface, often affected by the adhesive inflammation; and which occasions this membrane and the intestines to be firmly glued together.

But the part of all others the most subject to this kind of inflammation, is the pleura (membrane that encloses each lung); and we scarcely ever open a body without finding upon its surface many unnatural adhesions.

The heart in like manner is often glued to the pericardium (membranous bag or covering). And the three membranes of the brain frequently appear as one, so firmly and intimately will the adhesive inflammation unite them.

Thus, then, it will be seen that the serous membranes readily take on the adhesive inflammation, and by which they become permanently attached to each other, or to the adjacent parts; this is a most beautiful and wise provision of Nature, for if the membranes of cavities, such as the pleura and peritoneum, instead of the adhesive, were to receive and support the suppurative inflammation, effusion and death would be the inevitable consequences.

The mucous membranes, as the urethra (urinary passage) for example, are affected by the suppurative inflammation. This is another of Nature's benevolent and wise ordinances; for had they been subject to the adhesive, the outlets of our bodies would have become closed, and life destroyed. Sometimes where inflammation of a mucous membrane is exceedingly violent, it passes into the adhesive, glues the parts together, and unless relieved by operation, would end in the destruction of life. An example of this: there was brought to me from Exeter 'Change, a

kangaroo for dissection. His bed of straw had caught fire, but it was very soon extinguished: and the proprietor, knowing that he had not been severely burned, was at a loss to account for his death. Upon examination, his bladder was filled by urine, and it was retained in consequence of the closure of the urethra by the adhesive inflammation; the penis having been severely injured by the fire, the inflammation that followed was violent, and passed at once into the adhesive. Thus you may perceive, that common gonorrhœa would destroy life, if it were not so arranged by nature, that mucous membranes are more readily influenced by the suppurative than by adhesive inflammation.

THE LANCET.

SUNDAY, OCTOBER 26, 1823.

DR. COLLYER.

Our exposure of Dr. Collyer's Surgical Discoveries has, as might have been expected, created in the minds of many, the greatest possible astonishment; while others, on the contrary, were fully prepared for that disgusting detail, which we felt it our duty to enter into on the 12th instant. We are among the latter number; and the contents of the *first* depositions published were quite sufficient to convince every *man*, that there was a something in the back ground, connected with this transaction, that was revolting to every feeling of manhood, and opposed to every sense of delicacy. In these exculpatory affidavits, put forth by the Doctor or his friends, what, in the name of heaven, we ask, did they contain in any way calculated to acquit the Doctor of gross indecency? much less of imprudent conduct, which he himself admits. How he could apply the term imprudent in such an affair as this, we are at a loss to conceive; the word, in our opinion, is absolutely inadmissible: for affairs of this kind are so peculiar, so delicate, and the conduct to be pursued in them limited and confined to so narrow a path, that to deviate either to the right or to the left is to swerve from manliness and virtue; and sink at once into a gulf of infamy and vice. However, we will quit the Doctor's own statement, and proceed briefly to notice what was contained in the *exculpatory* affidavits. Piper states, that "Doctor Collyer asked him, if he had *any objection to be examined?*" that

"two or three days afterwards he gave him a card, containing the address of a surgeon, to whom he never applied." Is this exculpatory? does this show there was no indelicacy? A Doctor of Divinity to *ask leave* to examine a boy—one's heart sickens at the recital; and it must excite in every manly bosom feelings of disgust and horror. The Doctor examines this boy, under the pretext of understanding surgery, and yet, when he has done so, he shows his incapacity to act as a surgeon, by giving him a card, containing a recommendation to one. If it did not afford him gratification to examine the boy, why not have given him the card in the first instance. Is it customary—is it usual, for *gentlemen*, when they send poor persons to surgeons for advice, first to *ask leave* to examine them? Next comes the affidavit of Povey. (Let it be remembered, that these are the depositions published by the Doctor.) Povey states, that he called at the house of Dr. Collyer about *three years ago* for the purpose of obtaining his interest towards getting him a situation in the India House; the Doctor asked him "whether his health was good," and "whether he had any rupture;" that if he had, the Doctor could be of service to him, as he belonged to the Truss Society; that the "said Doctor then *asked leave* to *examine* this deponent's person." Here, again, is another of these beautiful *surgical* examinations; another portion of that strong evidence upon which the Doctor's purity of motive is founded. Not a word from Povey about illness; not a syllable respecting rupture; he merely calls upon the Doctor, requesting his interest for an India House situation, and the Doctor *asks leave to examine his person.* Is not such a circumstance as this unparalleled in the history of *pure* and *delicate behaviour?* Whoever before heard of a Doctor of Divinity becoming surgical examiner to the East India House porters? Povey goes on to state, that about three months ago, he accidentally met the said Dr. Collyer, "who inquired after this deponent's health;" and that the Doctor "asked him whether he had any pain across the stomach, to which this deponent replied that he had such a pain, and that it caused frequent sickness; that the said Doctor Collyer then *asked leave to examine* this deponent's person." Here, again, this refined Parson meets a man, *inquires after his health, asks leave to ex-*

amine his person, and absolutely goes out of his way to do so!!

Next comes the affidavit of Towsey, as published by] the Doctor. He states that he "was at work near the baths in Addington Square, Camberwell, when in consequence of *some information* from a fellow-workman of the name of Robert Piper, relative to Doctor Collyer, that he, this deponent, after observing the said Doctor Collyer and Povey enter the Bath, got upon the roof of the said Bath, and looked in through a hole in the ceiling." He goes on to say that the said Dr. Collyer examined Povey, in which he did not see any thing indecent or wrong. There is some difference, however, between this affidavit and the deposition from Towsey that *we* published, and of which difference he says he is not the author. Would any man in the kingdom, excepting Doctor Collyer, have considered that such a paragraph as the above would be hailed by the intelligent part of the community as a proof of his innocence? If he did think so, his taste must have been curious indeed; and estimating other people's notions of decency by his own, has caused him to be most egregiously deceived. Piper tells Towsey *a something* upon his coming out, which induces the latter, upon seeing Doctor Collyer and Povey enter the Bath, to go and watch them. Let it not be forgotten that this is a part of the Doctor's own case—his own evidence of innocence. *Did not Piper's communication to Towsey palpably show that he had received from the Doctor some sort of treatment, that excited in his mind a suspicion as to the purity of Dr. Collyer's motives?* That the story told by Piper to Towsey, was of this description, no person can doubt; *it is manifestly confirmed to have been so, by the simple fact of Towsey's having gone to watch.* There was no time for conspiracy; no time for invention on the part of Piper; what he communicated to Towsey, was told instantly upon his coming out of the bath with the Doctor. Looking at these statements as thus presented to the world by the Doctor himself; meeting him on his own ground, without an iota of evidence from any other quarter, and *without the new depositions;* what inference, or conclusion, can any man of common understanding arrive at, but that the Doctor's conduct was any thing and every thing but what it ought to have been.

We should not again have dilated on this filthy subject, had

it not been for a vulgar, ignorant, and beastly article, that appeared in a paper of Sunday last. It is true the writer did not name *The Lancet;* he did not dare. But by inuendoes, however, the contemptible wretch endeavoured to make it appear, that the work which had presented to the public the Rev. Doctor's *surgical* exploits, together with his new method of discovering stricture *by* "*sensation,*" as practised on the boy Piper, was one of the "*Twopenny Trash.*" Now this "Twopenny Trash" he well knew was stolen from *The Lancet* by some piratical scoundrel like himself, knowing that whatever circulation his own paper has attained, has arisen from its stolen name. He charges us with attempting to get into notice by fabricating calumnies against Doctor Collyer; in fact, by attempting to obtain notoriety through the medium of *Doctor Collyer's* NAME. Was there ever any thing either heard or seen more preposterous than this; more ridiculously stupid? The foolery of the thing is really laughable; we, forsooth, are to endeavour to get into notice by calumniating the NAME of a *dissenting parson*, when, in the very same work, appears the NAME of SIR ASTLEY COOPER, and a correct account of two of his invaluable surgical lectures!!

It is curious enough that the bright genius who wrote the article to which we have just been referring, should have introduced the "REV. DOCTOR COLLYER," and the "DOINGS OF THE DEVIL" in the very same page; this vindication that was advertised, and placarded with inconceivable assiduity, is notwithstanding the weakest production we ever beheld. Its sapient Author contents himself by saying, "*New Depositions* are asserted to have been taken: *may be* they are fabricated—*may be* they were taken in an alehouse, when the parties were drunk," &c. &c. MAY BE this same Author is an intelligent man; but the difficulty of proving it, we suspect, would be as great as that of discovering that the Depositions were fabricated, or that the parties were in a state of intoxication. We will merely add here, that the men are at all times willing to attest them by affidavits.

At the request of several of our Correspondents, we intended compressing into a brief space the principal facts contained in the new Depositions; but having already far exceeded the limits which we had allotted to this subject; are therefore prevented from doing so;

and will merely repeat our former assertion, that the Depositions are in themselves so very clear and intelligible, that further elucidation is unnecessary.

THE DRAMATIC LANCET.

No. 1. *

'Nullius addictus jurare in verba magistri.'
We pin our faith upon no man's sleeve!

A BOOK is generally preceded by a preface, and few critics can dispense with a prologue to a new play. Even a minuet cannot be danced without an introductory bow to propitiate the graces; and a good exordium has always been accounted a principal feature in every public oration. Our great Epic poets, indeed, in defiance of this slavish custom, have dashed at once into the middle of their subject, leaving it to their favourite hero, after escaping from a terrible shipwreck, upon some desert or enchanted island, to record while feasting at a luxurious banquet, prepared by some amorous Goddess, the interesting tale of his past exploits and his perilous adventures. We suppose it was in deference to these high authorities, that our noble friend Lord Byron, who is certainly something more than a "Lord among Wits, and a Wit among Lords," in his rare, though unequal production of "Don Juan," has been induced to leave a wide gap in the middle of his poem, and to keep his readers in cruel suspense, through six or seven cantos, and for nearly as many long and tedious months, how the two fugitive lovers contrived to elude the vengeance of the haughty Guleyrez, and escape being put into a sack and drowned in the river Tigris. For ourselves, although the limits of our publication forbid any long or elaborate disquisition on any topic, and its name, as designated in the Title-page, indicates merely a design to point our instrument at passing abuses, and let out the morbid and peccant humours of the day; yet, as we wish to be considered on a friendly and sociable footing with our Readers, and, we flatter ourselves, we are already established in their favourable opinion, as amusing and not uninstructive companions; we have some few little preliminaries to settle, before we can jog on comfortably and quietly together, in our useful and pleasing journey.

Now, then, to the object more immediately in view. It is never too late to retract an error, nor beyond the reach of human ability to correct the most inveterate abuse. Over the *Proscenium* of one of our principal metropolitan theatres, and conspicuously in sight of the whole audience, was formerly placed the following laconic and expressive motto, "Veluti in Speculum," the meaning of which in plain English was, that we might there see ourselves faithfully portrayed '*as in a glass.*' This was very well, and certainly appropriate to the occasion; but unfortunately the transcriber of this motto had broken poor Priscian's head; in other

* To the present period our theatrical duties have been discharged by two very kind friends.

words, it was bad Latin; the preposition *in*, governing the ablative case, and *speculum* being the objective or accusative case, it ought, therefore, undoubtedly to have been written *veluti in speculo.* Impressed with this conviction, the writer of the present Essay, upon a former occasion, addressed a letter, through the medium of the Morning Chronicle, to the late Mr. John Kemble, who had just then succeeded to the management of the Theatre,—and the mention of whose name almost tempts us to digress for a moment, for the purpose of paying to the remembrance of his transcendent talents the grateful tribute of a line. But a future and a better opportunity will be offered in the course of these Essays, to record the virtues of a man, whose classical erudition and dramatic genius may perhaps have been equalled, but have never been surpassed. — Although the writer of the above letter pointed out the absurdity of the motto as it then stood, and satisfactorily proved his statement, by quotations from Terence and Cicero, two of the best standards for purity of style and grammatical construction; yet, to the surprise of every enlightened scholar, and the disgrace of the national literature, the *um*, or *hum* (as it may more properly be termed) was for several years afterwards suffered to be obtruded on the public taste and understanding. Whether from caprice, or a conviction of its absurdity, we cannot decide; but common sense and propriety have at length triumphed, and the motto is removed.

We have now another equally foolish *misnomer*, which requires the application of *The Lancet* "to lay bare," and destroy.

Within the last year an interesting work has issued from the press, intituled "The Lollards," or Tales of the Fifteenth Century. In this publication, the author has clearly demonstrated, that on the spot on which one of our Theatres is built, and which is known under the name of Covent Garden, was originally a *Convent*, and surrounded by a *garden.* If this be the fact, and, independently of the anthor's testimony, it appears consonant with probability and good sense, what should hinder us from immediately correcting the error, and restoring the just and proper name? It may, perhaps, be urged as an objection, that the priors, abbesses, and nuns that now occupy this famous spot, are of a very different description to those who formerly tenanted these mansions of prodigality and folly; and that the custom of calling it by its present name has prevailed so long as to render it difficult to change. To the first, we answer, that the corruption or abuse of any thing is no argument for the perversion of its original use or meaning; and to the latter we need only say, that if mere custom is to sanction absurdity, it may as well be called *Common Garden* Theatre; for so it is vulgarly styled at present by the ignorant, and uninstructed part of the community, and with much more propriety; for it has indeed grown quite *common*, considering the dearth of dramatic genius, and the indecent scenes that are nightly witnessed both within and without its walls.—The progress of knowledge, and the intellectual

exertions of a few enlightened and judicious minds, have already produced wonderful effects in the way of general improvement and reformation. "Brummagem" has been refined into Birmingham. The *Bell Savage* Inn, Ludgate-hill, as it was formerly called, and designated by a large bell suspended over a monkey, is now restored to its proper name of La Belle Sauvage (the beautiful savage). And *Mary-bone* parish acknowledges her patroness and tutelary guardian in *Mary la bone* (the good Mary). Why should our theatres alone, which profess to be schools of morality, and vehicles for the production of chaste wit and superior genius, be behind hand with the great march of intellectual improvement, or continue to perpetuate errors, for which there can be neither justification nor excuse.—We call upon *Mr. Charles Kemble,* who is now the acting manager, and who has the reputation of inheriting many of the estimable qualities of his late much-lamented and excellent brother, to step forward and rescue the stage from the ridicule of foreigners, and the reproach of the discerning and judicious part of the community. After having pointed out this glaring absurdity, he cannot now plead ignorance on the subject. The introduction of the letter *n* is not only required by the suggestions of common sense, but even on the principles of the *Euphoniæ gratia* (if we may be allowed the term), for the sake of the harmony, which renders it more grateful to the ear, and easier of pronunciation. Let but the change be forthwith announced in all the play-bills and advertisements of the theatre, and we will stake our credit that (although, from its apparent singularity and the force of habit, the alteration may at first perhaps provoke a smile or a sneer from the superficial and ignorant,) inquiry and discussion will soon lead to its universal adoption; and our theatres, in compliance with the instruction of Hamlet to the players, will no longer incur the reproach of not "suiting the word to the action," or making the sound an echo to the sense. We have prefaced our Strictures on the Drama, which we mean in future to continue regularly and periodically, from time to time, with these reflections—that our readers might be prepared for the critiques which will follow. We had intended to have entered into a review of Mr. Young's Hamlet, accompanied with some animadversions on his peculiar style of acting, as contrasted with that of Messrs. Kean and Macready; but want of time and space compels us to defer it, till a future Number.

MEDICAL AND SURGICAL INTELLIGENCE.

On the Effects of Stricture of the Urethra, particularly of the sacculated State of the Bladder, with an Inquiry into a Mode of Treatment to avert this latter consequence of stricture, which is often fatal. By John Shaw, Esq.—*Read Feb.* 25, 1823.

[From the Medico-Chirurgical Transactions.]

[*Concluded from p.* 94.]

While upon this subject, I should not omit to allude to certain cases, which though not un-

common, have scarcely been described by any author: I mean the fistulous communication between the rectum and bladder, which is sometimes the consequence of the formation of a sac in the bladder, but more usually of a sacculated state of the prostate. It is almost needless now to say, that both of these have generally their origin in stricture of the urethra; but the important fact must not be overlooked, that the prostate itself is very liable to become sacculated, even though there be no stricture. The miserable condition of a patient with such a disease, and the little hopes we can hold out of doing more than alleviating his suffering, after the fistula is established, are too well known; but it is this circumstance, in addition to what has been already stated, and the hope of exciting others to engage in the investigation, that induces me to inquire whether we cannot avert these most fatal effects of stricture.

In doing so, the Society will, perhaps, permit me to make some observations on the condition of those who are labouring under such strictures as are likely to produce some of the consequences just stated.

I shall suppose a case which is common, and must be familar to many members of the Society.

A patient has had a stricture near the bulb for several years; every plan of treatment, as by bougies, caustic. and forcing, has been tried, but with so little success, that now the smallest bougie cannot pass the stricture. The patient has frequent attacks of inflammation of the bladder, and the water dribbles from him, or is passed only drop by drop.

When a patient is in such a condition, what have we to hope for, and what are we to dread, if something decided be not done to free the stricture, and at the same time, to relieve the bladder from the constant irritation under which it suffers?

As it is presumed that all the common means for the relief of stricture have had a fair trial, we can scarcely expect now to remove the obstruction by such treatment. We can, therefore, only hope, that by palliatives, we may allay the irritation; or if this cannot be effected, that, as the least evil, a suppuration may gradually form in the perineum, and produce a fistulous opening, which, by allowing exit for the urine, may be the means of prolonging the patient's life.

This, then, bad as it is, is the most favourable issue which we can expect such a case to have, if left to nature.

It is, therefore, incumbent upon us to inquire what we have to dread, and what means ought to be resorted to for the relief and safety of the patient.

Since the bladder is in a constant state of irritation, it is very probable that if the patient should catch cold, or dissipate in the slightest degree, there will be complete retention of urine.

If this should happen, what must be the consequence? The state of the stricture is such, that neither a catheter nor a bougie can be passed; therefore, if the patient be not immediately relieved, and this with great care, by cutting into the perineum, or by puncturing the bladder, he must either die of the irritation caused by the distended bladder, or the

urethra will burst behind the stricture, and the urine necessarily, in a highly acrid state, be effused into the scrotum. If this last should be the result (which it too commonly is in such cases), and if the patient be not then treated with skill and decision, he will probably die in the course of three days; or should he escape the immediate danger, he will run much hazard of sinking under the extensive sloughing of the scrotum and penis, which almost invariably follows rupture of the urethra, when a free passage for the evacuation of the effused urine has not been made.

The cases that occur almost weekly in London, and the histories which are contained in the catalogue of the preparations of stricture in the Museum of Great Windmill-street, will prove, that this is not an overcharged picture, but that it is a fair statement of a very common case. *

But if complete retention of urine and the consequences just mentioned, do not ensue, what must we fear from the bladder being kept in a constant state of irritation! If the patient is not suddenly carried off by the fever consequent upon the irritation, the probability is, that either the prostate gland will become disorganized and sacculated, or that sacs will form in the bladder, and in consequence of this, as has been already attempted to be shown, a patient may gradually sink, worn out without any distinct symptoms.

Under such circumstances, are we not entitled to say, that something decided should be done, with a view to remove the stricture, and relieve the bladder?

With this object, should a catheter be attempted to be forced through the stricture, or should the bladder be punctured? The proposal of forcing the stricture is decidedly wrong, because the portion of the urethra which is contracted, is probably much firmer and stronger than any other part of the canal, and is, perhaps, of the same cartilaginous nature as in several of the preparations on the table, in some of which the stricture is so hard, that it was necessary to use the knife in the manner of a saw before it could be divided.*

Puncturing the bladder would be infinitely safer than the attempt to force the stricture, but it would not be effectual, as it would only afford a temporary relief. Seeing the many dangers to which a pa-

* See the numerous and important examples which are detailed in the third edition of the Treatise on the Diseases of the Urethra, by Charles Bell.

* The strictures on the table are good examples in proof of the little value of the late proposals to cure such diseases by complicated machines, called dilators. We may be pleased with the ingenuity displayed in the mechanism of these instruments, the invention of which is claimed both by English and French; but when we look upon them as instruments intended to cure stricture, we can only be amused; for it is quite impossible to introduce even the point of the smallest of them into such a stricture as should be considered difficult to manage. The circumstance of the possibility of passing a dilator through a stricture, so as to be used in the manner described by the inventors, should be sufficient proof that the stricture is so slight, that it might be easily cured by the common methods. In several of the examples on the table, the narrowing of the canal is to such a degree, that it is not possible to pass more than an eye probe or hog's bristle through the stricture.

tient, in such a condition, is liable; and having, by experience, found that, when the urgent symptoms (which we must expect,) do come on, prompt measures must be used, or our patient will be lost; are we not entitled to inculcate the propriety of performing an operation while the parts are yet comparatively in a favourable state? The proposal is the more encouraging, as the operation, if dexterously performed, is not severe, nor attended with any danger, and it is moreover one which will probably not only afford immediate relief to the bladder, but also, if not the means of restoring the patient to perfect health, put him into a condition of much greater ease and comfort than could be expected, if his disease were to terminate in what we should consider its most favourable natural issue.

The operation is not severe; indeed, much less than what almost any patient will cheerfully submit to, in the mere hope of being relieved from the inconvenience of a fistula or perineo. It is merely to cut through the stricture, to introduce a catheter from the glans, and endeavour to make the urethra entire, by allowing the wound to granulate over the catheter.*

Some may, perhaps, consider, that such a serious operation is not warranted for the relief of a trifling disease; but I hold that the question involves the life or death of the patient, and whether, with the knowledge that this same *trifling disease* is daily fatal in London, we are to allow our patient to be insidiously brought into a state in which we can afford no relief. Why should we not reason with him as we would had he a malignant tumour or aneurism? As to the difficulty of the operation, I can confidently assert there is none; but, on the contrary, that it may be very easily performed. Experience has shown that it is so, and the circumstance of the urethra being almost invariably dilated behind the stricture, proves that, when the stricture is divided, the principal object of the operation is attained.

The only difficulty likely to occur in the first stage of such an operation is, that in introducing the catheter with the intention of passing it down to the stricture, as a mark for our incision into the urethra, it may enter into one of the false passages that have been previously made in the ineffectual attempts to force the stricture.*

* I should here state distinctly, that the question of the manner of operating is quite changed when there is an immediate necessity for relieving a patient suffering from distended bladder. Upon this I shall not enter, as the question is fully discussed in the work on The Diseases of the Urethra, to which I have already referred. My object at present is to inculcate the necessity of a patient submitting to an operation, although he may not at the moment be in immediate danger.

* There is on the table a preparation in example of the occurrence of this accident. The operation, in this case, was performed under great disadvantages, and after the patient had been saved from immediate danger, by puncturing the bladder. The stricture was found so firm, and so much mischief had been committed on the urethra, in the previous attempts to force instruments into the bladder, that cutting the stricture was considered to be the only means of restoring the canal; but the wound in the perineum was attacked with erysipelas, under which the patient, weakened by his great sufferings previous to the operation, sunk. This is the only example in which I have known the death of the patient follow the operation, and here the cause of death was probably the previous irritation.

In the second stage of the operation, we may have some difficulty in discovering the opening of the urethra after the stricture is cut through, for there may be false passages continued even beyond the point of stricture, or the urethra, by its elasticity, may be so close that we cannot see it; these difficulties have occurred in one or two cases, but are more easily surmounted by observing the point from which the urine issued. To have the advantage of the passage of the urine to direct us to the proper opening, we ought to enjoin the patient to retain his water for some time previous to the operation; but if (which is very probable) he is not able to do so, and if there be, after cutting through the stricture, much difficulty of carrying the catheter into the bladder, we ought to desist from all attempts, until the bladder is again filled, for then, with a little care, we may easily discover the proper opening, and pass the catheter into it.

I should also state, that in one case, where the stricture was very long and hard, a small canula was introduced into the bladder, and kept there for four days; at the end of this time, the opening was so much enlarged that the catheter was easily passed, the only difficulty being to carry it through the granulations which, in the interval, had risen luxuriantly from the sides of the wound. It is scarcely necessary to add, that after the wound has closed over the catheter, the urethra must, for a considerable time, be kept free by the use of the bougie.

If the operation should so far fail that the wound of the urethra does not readily close, in what condition would a patient be placed, who, it is presumed, was in a state of great danger previous to the operation? It has been already alleged, that the most happy accident that could befal him, would be the formation of a fistula. Now, though this would be the worst effect that could ensue from the operation, still it would differ from the spontaneous fistula, in several important respects.

The stricture would be removed, which is the first step towards the cure of fistula, and there would be only a single and simple wound in place of the multitude of callous sinuses which take place in spontaneous fistula.

May I, in conclusion, be permitted to say that since patients have not only been rescued from imminent danger, but restored to a better condition than what they had been previously in for years, by a simple and safe operation, we should be encouraged to perform it more frequently, and before the parts about the stricture become completely disorganized.*

In support of this view, the papers of several distinguished members of this Society might be adduced as illustrative of the great difficulty of performing such an operation, when the parts behind and surrounding the stricture have become callous and diseased by repeated attacks of inflammation.

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* Since this paper was read before the Society, I have seen a patient upon whom the operation described above had been performed. His appearance was so altered that I hardly recognized him. Previous to the performance of the operation he was so reduced by constant irritation, that he appeared like a broken down man of sixty; but now he is a hale and strong looking man.

LIZARS' PLATES.

We purchased the other day at Highley's, Parts I. and II. of a new system of Anatomical Plates by Lizars.—Each number is accompanied by a lucid and well written description, together with many appropriate physiological and pathological observations.

These plates are by far the best of the kind that we have ever seen. They are elaborately correct, both in outline and detail, and at the same time are beautiful specimens of the elegant art of engraving.

To those surgeons who are at a distance from the dissecting room, they must prove invaluable, and the exceedingly cheap rate at which they are published, entitle the proprietors to the sincere thanks of the profession.

MEDICAL EXTRACTS.

Experiments on Digestion.

[From Dr. Scudamore's Work on Gout.]

By the obliging friendship of Mr. Astley Cooper, I am enabled to offer his statement of a series of experiments which he performed upon dogs, with a view to ascertain the comparative solvent power of the gastric juice upon different articles of food, and to derive any useful conclusions which they might afford, for the dietetic mananagement of the human stomach, when in a weak state of digestive power. These experiments were related in the lectures which Mr. Cooper delivered at the Royal College of Surgeons, five years ago; but they have been published only in this Treatise.

In the conducting of these experiments, every practicable uniformity of method was observed. The substances were cut to a determinate form, and weighed. They were then forced into the animal's throat. A given time having elapsed, the dog was killed; and the substances not yet dissolved by the action of the gastric juice, being again weighed, their loss, and consequently their degree of *digestibility* as food, under the healthy action of the stomach of the dog,* was estimated. Raw food, and the lean parts only of meat, were given, except when the contrary is expressed.

* Approaching nearly in structure to the stomach of the human subject.

EXPERIMENT I.

Kind of food.	Form.	Quantity.	Animal killed.	Loss by digestion.
Pork	long and narrow	100 parts	1 hour	10
Mutton	.....	.....	.....	9
Veal	.....	.....	.....	4
Beef	.....	.....	.....	0

EXPERIMENT II.

Kind of food.	Form.	Quantity.	Animal killed.	Loss by digestion.
Mutton	long and narrow	100 parts	2 hours	46
Beef	.....	.....	.....	34
Veal	.....	.....	.....	31
Pork	.....	.....	.....	20

EXPERIMENT III.

Kind of food.	Form.	Quantity.	Animal killed.	Loss by digestion.
Pork	long and narrow	100 parts	3 hours	98
Mutton	.....	.....	.....	87
Beef	.....	.....	.....	37
Veal	.....	.....	.....	46

EXPERIMENT IV.

Kind of food.	Form.	Quantity.	Animal killed.	Loss by digestion.
Pork	long and narrow	100 parts	4 hours	100
Mutton	.....	.....	.....	94
Beef	.....	.....	.....	75
Veal	.....	.....	.....	69

It is probable that the digestion of the dog, with regard to pork, differs from that of the human subject; as, when the human stomach is at all weakened, the order of digestion in these meats appears to be,

1 Mutton	3 Veal
2 Beef	4 Pork

Something also may be attributed to the absence of *fat* in the above experiments; and more especially the fat of pork.

EXPERIMENT V.

Kind of food.	Form.	Quantity.	Animal killed.	Loss by digestion.
Cheese	square	100 parts	4 hours	76
Mutton	.....	.....	.....	65
Pork	.....	.....	.....	36
Veal	.....	.....	.....	15
Beef	.....	.....	.....	11

EXPERIMENT VI.

Kind of food.	Form.	Quantity.	Animal killed.	Loss by digestion.
Beef	long and narrow	100 parts	2 hours	0
Rabbit	.....	.....	.....	0
Cod fish	.....	.....	.....	74

Hence it appears that fish is easily digested.

EXPERIMENT VII.

Kind of food.	Form.	Quantity.	Loss by digestion.
Cheese	long and narrow	100 parts	29
Fat	.....	.....	70

EXPERIMENT VIII.

To the same dog, beef and a portion of raw potatoe were given, of each, 100 parts.

	Loss by digestion.
Beef	100
Potatoe	43

The skin in contact with the potatoe was not acted upon. Under the skin the potatoe was dissolved, but the gastric juice had not reached its centre. Where the skin was separated, it was dissolved.

In the dog, according to the following experiments, roast veal is more difficult of digestion than boiled.

EXPERIMENT IX.

Kind of food.	Form.	Quantity.	Animal killed.	Loss by digestion.
Roast Veal	Long and narrow	100 parts	.....	7
Boiled ditto	.....	.....	.....	30

EXPERIMENT X.

Kind of food.	Form.	Quantity.	Animal killed.	Loss by digestion.
Roast Veal	long and narrow	100 parts	.....	2
Boiled ditto	.....	.....	.....	31

The following materials were next the subject of trial.

EXPERIMENT XI.

Material.	Quantity.	Animal killed.	Loss by digestion.
Muscle	100 parts	4 hours	36
Skin	.....	.....	22
Cartilage	.....	.....	21
Tendon	.....	.....	6
Bone	.....	.....	5
Fat	.....	.....	100

The appearances produced were these:—In the muscle, a separation of the fibres by gradual solution of the connecting media first took place; and afterwards, the fibres themselves became broken down into very minute portions.

The skin, upon its under surface, was broken down; but upon its upper surface was not altered.

The cartilage was apparently worm-eaten.

The tendon was reduced to a pulpy gelatinous substance.

Further experiment on the digestion of bone.

EXPERIMENT XII.

		Animal killed.	Loss by digestion.
Thigh bone	100 parts	3 hours	8
Ditto	.....	6½ hours	30
Scapula	.....	6 hours	100

In the human subject the stomach is capable of acting upon bone; of which fact, the following case is an example.

On Monday the 28th of March, a little girl, nearly four years of age, accidentally swallowed a *domino*, which passed the bowels in rather more than three days. The medical attendant (Mr. Maiden, of Stratford) observing that it was much smaller in size than the other

dominos of which it had been one in the set, was induced to weigh it, and found that its weight was only 34 gr. while that of the others was 56 gr.; so that it lost by digestion 22 gr. Those surfaces of the domino, which, when swallowed, were hollow and blackened as usual, were found prominent like buttons.

Ventilation.

The following, taken from the History of the Dublin Lying-in Hospital, shows in an extraordinary degree the advantages that result from free ventilation. We consider this a document of great value, and hope that it will convince all parents of the folly, not to say cruelty, of confining young infants in rooms with closed doors and windows.

Dublin Lying-in Hospital.—In this hospital 2,944 infants out of 7,650 died in the years 1782, 1783, 1784, and 1785, within the first fortnight after their birth, that is nearly *one child* out of every *six*. They almost all died in convulsions, of what the nurses called *nine-days fits*, because they came on within nine days after their birth. These children, many of them, foamed at their mouths, their thumbs were drawn into the palms of their hands, the jaws were locked, the face was swelled and looked *blue*, as *though they were choaked.*

This last circumstance led the physicians to conclude that the rooms in the hospital were too *close* and *crowded*, and hence that the infants had not a sufficient quantity of *good air* to breathe. They contrived, therefore, *air-pipes*, six inches wide, which were placed in the ceiling of each room. Three holes, an inch wide, were bored through each window frame; and a number of holes were made in the doors at the bottom.

Thus the rooms were kept *sweet* and *fresh;* and the *consequence* has been, from the register in that hospital, that,

		Children.		
In 1786,	out of	1,372	there died	51
1787,	——	1,375	——	59
1788,	——	1,496	——	55
		4,243		165

So that since the alteration of the rooms as to airiness, out of 4,243 there died 165 children; whereas before, the average amount of deaths from the same number was 1,632.*

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* If out of 4,243 children there perish, *when the hospital was ventilated;* only 151 infants, how many may be expected to die out of 7,650, the number of children born in the DUBLIN *Lying-in Hospital* in the years 1782, 1783, 1784, and 1785? The answer is, by the rule of proportion, 279, But, how dreadful the account, there perished absolutely 4,243, deducting 279, solely *from the want of a due supply of air!* We have not only to deplore the number of innocent victims who were destroyed at this time and previous to it, but also to lament the wretched anguish of the disconsolate parents, and the impoverished state of health in many of the poor babes who survived this slaughter.

The great and good Dr. Hales, whose studies and experiments were constantly directed to the benefit of mankind, recommended a trial of *ventilators* in the SAVOY and NEWGATE prisons, in both of which the *jail fever* was frequent, and commonly fatal: the good effects exceeded even his most sanguine expectations; for a very small proportion of the sick died, when the ventilators came into use, and the contagion seemed in a manner arrested. The benevolent Mr. HOWARD found the prisons on the continent perfectly free from *this pestilential fever;* owing, as he thinks to the apartments in which the prisoners, were confined being spacious, and consequently well aired.

COMPOSITIONS OF QUACK MEDICINES.

Roche's Embrocation, for the Hooping Cough.—Olive oil sixteen ounces; oil of amber eight ounces, scented strong with oil of cloves.

Taylor's Remedy for Deafness.—Oil of almonds, one pound; bruised garlic two ounces: alkaret root, half an ounce: infuse, and strain.

Whitehead's Essence of Mustard.—Oil of turpentine; camphor; spirits of rosemary; to which is added flour of mustard.

Rymer's Cordial Tincture.—Capsicum; camphor; lesser cardamoms; rhubarb; aloes, and castor, in proof spirit, with a few drops of oil vitriol.

Bateman's Pectoral Drops.—Sweet fennel seeds, two pounds eight ounces; aniseeds, one pound; proof spirit, four gallons; water, a sufficient quantity; distil ten gallons, to which add opium, seven ounces and four drachms; camphor, six ounces; prepared kali, one ounce; red coral, four ounces.

Freeman's Bathing Spirits.—Soft soap, six pounds; camphor, eight ounces; rectified spirits of wine; water, of each three gallons: colour with Daffy's elixir.

MISCELLANEOUS.

Progress of Science.

Mortar.—M. Berthier has lately given an analysis of the Roman cement of Parker and Wyatt, of London. According to him it is composed of

Carbonate Lime	657
——— Magnesia	005
——— Iron	070
——— Manganese	019
Clay Silicia	180
—— Alumnia	066
Water	013
	1·000

Berthier thinks, that with one part of common plastic clay, and two and a half of chalk by weight, a very good hydraulic lime could be made, which would set as speedily as the English one; but it is not probable, he allows, that we can obtain by mixtures hydraulic lime, which will acquire as great hardness and solidity as the natural mortar, because these qualities depend not only on the composition, but also on a state of compactness. The greater density the material possesses, and if it slake without changing its volume, the greater facility will its particles have in becoming aggregated, and the less shrinking will there be during its consolidation. Berthier has drawn the following conclusions from a numerous set of experiments. A lime-stone which contains 6 *per cent.* of clay affords a lime already perceptibly hydraulic. When the lime amounts to from 15 to 20 *per cent.* it is very hydraulic, and when from 25 to 30, it sets almost instantly, and may therefore be considered as Roman cement. He conceives that the iron and manganese have no effect whatever in occasioning the hardening.

In a mortar, which owes its solidity to the adhesion of the lime to the *alloys*, or subtances with which it is mixed, there is evidently an advantage in multiplying as much as possible the

surfaces of contact. Thus, alloys with large grains, do not afford mortars so solid as the pulverulent ones, because there are spaces filled with pure lime, which do not present the same resistance to fracture as the other parts. On the contrary, alloys in powder, though they present the greatest surface, yet require a very large proportion of lime. To obtain, then, with the smallest possible quantity of lime, mortars possessing the greatest solidity, alloys must be used, containing particles of different sizes, avoiding always the mixture of argillaceous substances, which form a paste with water, but have no coherence. These opinions have been put to the test of experiment on a large scale, the sand usually employed at Paris affording a better mortar when merely washed, than when the fine particles are removed by a sieve.

Volcano of Barren Islands.—This volcano was visited by Captain Webster in March last. When entering the bay they were assailed at the distance of 100 yards from the shore, with puffs of warm wind, and on dipping their fingers into the water it was found to be quite hot. The stones on shore were also warm, and the water bubbling all around them. Having landed, he ascended the precipice towards the cone, which appeared to be about a quarter of a mile distant. The diameter of the base of the volcano is about 300 yards, and about 30 at the top, and there issued from it continually a white thin smoke. In order to examine the crater, Captain Webster ascended 30 or 40 yards, sinking ancle deep in ashes at each step, but he found it impossible to reach the mouth.

Matrix of the Brazilian Diamond.—In Mr. Heuland's collection there is a Brazilian diamond imbedded in brown iron ore. Another in the same matter is in the possession of M. Schuch, librarian to the Crown Princess of Portugal. Eschwege has in his cabinet a mass of brown iron ore, in which there is a diamond in a cavity of a green mineral, supposed to be arseniate of iron. From these facts, he infers that the matrix, or original repository of the diamond of Brazil, is brown iron ore, which occurs in beds of slaty quartzose micaceous iron ore, or in beds composed of iron glance and magnetic iron ore, named by him *Itabirite.*

TABLE TALK.

Dreadful Accident from Fire-damp.—Thirty-two Persons killed.—It is this week our painful duty to record one of those heart-wounding events, which, notwithstanding the luminous discoveries and improvements lately made in the sciences, and particularly in that which is more immediately connected with the art of mining, seems inseparable from those ill-fated mortals whose province it is to explore the bowels of the earth. On Monday night last, the town of Whitehaven was thrown into the utmost agitation, by an awful explosion of fire-damp, from the William Pitt (a name of disastrous import)—a coal-mine belonging to the Earl of Lonsdale, where it was known, that a considerable number of colliers were at the moment employed in the work-

ings. It was impossible to ascertain the extent of the calamity immediately, but the fatal certainty soon became apparent. No less than fourteen men, sixteen boys, and two girls, have come to a premature death by this catastrophe. That the pit was overcharged with fire-damp in some part of the workings is now too evident; but it is doing no more than justice to those who have the more immediate superintendence of those very extensive concerns, to say, that no precaution was omitted by them to guard the colliers against any sudden accident. The workmen, it appears, were employed in removing some pillars, in a part of the pit where the ventilation was extremely good, and where there was not, consequently, any reason to apprehend danger from the existence of fire-damp; and, indeed, the air was in general supposed to be good, except in some recesses into which the colliers had no occasion to enter. They were, besides, every one furnished with a safety lamp, and were under strict orders from the superintendents to keep their lamps properly secured. When the misfortune happened they had all nearly finished their work for the day, and by what or whose neglect or mismanagement it was occasioned, scarcely a conjecture can now be formed. It is generally supposed that one of the workmen had been using some improper liberties with his lamp, and had removed the cylinder when in a place where the fire-damp was present. There were also 17 horses killed, but some of their drivers escaped. In recording the above melancholy event, it may not be irrelative to mention a remarkable coincidence of names and circumstances which occurred some years since in the county of Durham. On the 25th of May, 1812, a tremendous explosion took place in the *William Pitt*, a coal-mine at Felling Colliery, by which 92 persons out of 124 lost their lives, and 32 were saved, being the exact number of those who have perished in the William Pitt at Whitehaven.—*Carlisle Journal.*

Workington.—The inhabitants of this town have lately been much amused, about five or six o'clock in the mornings, by a drum and fife beating and playing round the town very lively tunes, for the purpose of procuring all the shearers Mr. Curwen could collect upon the Schoose farm. The desired effect was produced, for the young lasses followed the music in great force, sometimes the number employed at once, amounting to three or four hundred people. Upon entering the field, they were marshalled into companies of forty each. About eight or ten active females immediately came forward as captains, with each a different coloured flag, mounted upon a long staff. The companies proceeded to work with the captains at their head: and as the whole must move together, the more expert and active the leader, the more the honour; thus the work was done in the most expeditious and regular manner, and had the appearance at a distance of a regiment of soldiers. Mr. Curwen was in the rear, mounted upon his charger, and the whole scene produced, as the painters say, a fine effect.

[*Correspondents in our next.*]

PENITENTIARY
AT
MILBANK.

Extract from the Report of the Select Committee of the House of Commons, appointed to inquire into the Present State of the Penitentiary at Milbank.

Your Committee felt it their duty to inquire not only into the cause of the disease so long prevalent, but also into the medical treatment of it, and more particularly so in consequence of a difference of opinion being held upon this important subject by the surgeons and physicians they called before them. They did not, however, do this from their entertaining the least suspicion of the talent, judgment, and skill of the medical officers of the establishment, Drs. Roget and Latham; but when a contrariety of opinion was held upon a subject, in which the lives of hundreds of human beings might ultimately depend, who had no choice but to submit to the treatment which their medical advisers might prescribe, your Committee considered themselves imperiously called upon to refer the subject to the best medical authorities the country could produce; accordingly, a deputation from the College of Physicians visited the Penitentiary, and their Report, which is here subjoined, sets, in the opinion of your Committee, the question at rest, and fully confirms the propriety of the practice of Drs. Roget and Latham.

(Copy.) "Whitehall, June 23, 1823.

"SIR,—In consequence of the illness which has long prevailed at the Penitentiary, and the difference of opinion which has been expressed by medical men of considerable eminence, with respect to the causes of the disorder, and the nature of the remedies which it is proper to apply, I am induced to request that you will bring the subject under the consideration of the College of Physicians, and that you will have the goodness to move the appointment of a Committee for the purpose of visiting the Penitentiary, and of reporting to me their opinion upon the nature of the disorder which prevails in that Establishment, and upon the probable efficacy of the present course of medical treatment.—I have, &c.

(Signed) "R. PEEL."

"Sir H. Halford, Bart, &c. &c. &c."

(Copy.)

"In compliance with the request of the Right Hon. Secretary of State for the Home Department, we, the undersigned members of a Committee, appointed by the College of Physicians, have visited the Penitentiary at Milbank, examined the state of the patients there, heard the accounts given by the medical attendants; and do report upon the two questions submitted to our investigation, as follows:—

"From the testimony of the medical officers, compared with the details given uniformly by the patients themselves, of the former stages of the disease prevalent amongst them, that the disorder has borne a *dysenteric* character. But we have to observe, that the patients are now far advanced towards recovery, and that the severer symptoms which distinguish dysentery, prevail no longer. Many, however, still continue ill of a milder complaint of the bowels.—Upon the second question we report, that the treatment by mercury, adopted in this disease, appears to have been very successful.

(Signed) "HENRY HALFORD,
President of the College.
"HENRY AINSLIE.
"EDWARD ASH.
"W. G. MATON.
"THOMAS TURNER.
"PELHAM WARREN."

"College of Physicians,
June 27th, 1823."

On the 15th of May, the annexed List was given in by Dr. Roget, Physician to the Establishment:—

Prisoners under Medical Treatment on the 15th of May.

		Men.	Women.	Total.
Diarrhœa	Ill.....	46	44	90
	Better ..	48	87	135
	Well.....	49	20	69
Other complaints....		21	30	51
Total....		164	181	345

May 23, 1823.

		Men.	Women.	Total.
Diarrhœa	Stationary..	63	46	109
	Better.....	51	56	107
	Well.....	45	47	111
Other complaints.....		24	35	59
Total.....		202	184	386

June 11, 1823.

		Men.	Women.	Total.
Diarrhœa	Stationary	73	35	108
	Improving	86	38	124
	Well....	82	88	170
Other complaints....		24	28	52
Total.....		265	189	454

Since this Report was drawn up, a return of the prisoners under medical treatment on the 3d July 1823, has been given in to the Committee; by which it appears that the disease is rapidly on the decline; the sick, who are considered as stationary, being reduced from 108 to 39.

Prisoners under Medical Treatment, 3d July, 1823.

	Men.	Women.	Total.
Stationary.....	17	22	39
Convalescent.....	70	37	107
Well.....	179	83	262
Ill of other diseases..	8	22	30
Total....	274	164	438

The following are Extracts from the Evidence.

Dr. Roget examined.

Do you not think that the moral causes had a very great influence in creating the complaint, as well as the physical ones?—I think they had a considerable influence.

Will you state what those causes are, which are designated generally under the name of moral causes?—General depression of mind from the loss of liberty, and privations of different kinds consequent upon that loss; despondency generally.

Do you think that the long terms of imprisonment to which persons are sentenced, may be considered as one of the most leading of those moral causes?—I think so.

And of course operating in a stronger degree in this prison than any other, from the length of the terms being so much greater?—Certainly.

When you visited the Penitentiary, you of course saw Dr. Hutchison, the principal medical officer?—Certainly.

Did the patients in the hospital appear to you to be properly attended to by him?—Yes.

Did his mode of treating the disease, namely, the disease of the scurvy, appear to you to be that which was the best fitted to cure it?—We had not an opportunity of seeing the treatment he adopted, previously to our being called in; and, indeed, there had been but little opportunity for the employment of any medical treatment.

In point of principle, was not your treatment nearly the same, or differing in a very trifling degree, with the treatment he adopted?—We adopted the same treatment, as far as the scurvy is concerned, that he had recommended.

In what was the difference in your practice, as to any other complaint?—The diarrhœa we did not treat in the same mode.

Was every information given to you by Dr. Hutchison, which you thought fit to ask him, and every facility afforded to you by him?—Perfectly so.

Had you any conversation with him relative to the drooping state of convicts in the early part of the winter?—We undoubtedly conversed with him on all those subjects.

Did any of the Committee ex-

press to you any doubt as to the medical treatment of Dr. Hutchison, or any unfavourable opinion of his conduct as the medical officer of the establishment?—Not the smallest.

Do you think that the diet, which the prisoners receive, is not sufficient for a person confined only for six months?—It would appear so, from what we have seen of the Penitentiary.

Supposing it is found, in other prisons, to be quite sufficient for a period of six or twelve months, why should it not, in the Penitentiary, be also sufficient?—I am unable to explain the reason, but such is the fact.

You state that the diet is not sufficient for those who are employed in hard labour, and that that has been in a great measure the cause of the disease which prevails; how comes it then that the disease appears to have commenced, and to have been to a greater degree among those that were not employed at all?—We found it difficult to account for that, unless by taking into account the effect of the greater cold to which they are exposed during the night in the sleeping cells.

You know what the tread-mill is; do you consider that it is calculated to injure the individuals at all who are employed in that way?—Reasoning without experience, I should not think it would injure the prisoners.

(To Dr. P. M. Latham.)—Is that your opinion?—Certainly; and as far as medical opinion has been ascertained upon this subject, I understand there is only the objection of one medical man to the employment of the tread-mill, and he says it is calculated to produce *hernia*.

n Are you of that opinion?—I have ot seen the tread-mill myself.

(To Dr. Roget.)—Are you acquainted with the gaol of Newgate?—I am not.

Or any other large prison in the metropolis?—No.

Are you of opinion, that if prisoners in any other prison of the metropolis not near the river Thames; for example, in the prisons of the city of London or Cold Bath Fields; had been confined to the same diet as has been practised at the Penitentiary, and managed precisely in the same manner, they would have been liable to the same sort of complaints?—I think they would.

Do you happen to know whether there is any such complaint in the prison at Cold Bath Fields?—I do not.

Had you had any previous experience of the disease called sea scurvy, before you went into the Penitentiary? — All the cases of scurvy I have seen, have been single, and occasional cases of scurvy, such as occur in the London hospitals.

(Dr. Roget.)—My experience is of the same kind; I have seen occasional cases, in workhouses and hospitals.

Sea scurvy;—(Dr. P. M. Latham.) It is found there is no distinction; that the disease known by the name of sea scurvy, is in fact amphibious.

(To Dr. Roget.)—Are you not in the habit of attending one of the dispensaries?—I am; I have been physician to the Northern Dispensary for the last thirteen years.

Whenever there is low diet and diminished food, is not that disease, whether on board ship or on shore, one of common occurrence? — (Dr. P. M. Latham.) I do not know that it is one of common occurence on shore; it is considered that any causes which are calculated to depress, may possibly produce this disease among many others.

Do you know, as a medical fact, that in besieged towns it is a disease of common occurrence, where inhabitants are straitened for food? —Yes.

[*To be concluded in our next.*]

THE LANCET

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THE LANCET.

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SURGICAL LECTURES
DELIVERED BY
SIR ASTLEY COOPER, BART.

Theatre, St. Thomas's Hospital,
Monday Evening,
Oct. 27th, 1823.

Lecture Seventh.

After recapitulating the principal points stated in the last Lecture relative to Adhesive Inflammation, Sir Astley said, we shall this Evening consider,

The appearances which parts assume under Adhesive Inflammation.

When an incision is made into a part affected by adhesive inflammation, into the cellular membrane for instance, you will find a quantity of effused serum, yellow, and semi-transparent, and this yellow substance having the appearance of jelly, though widely differing from it in its character. The best opportunity that you can have of witnessing the adhesive inflammation, is on the skin under the irritation of a blister; the blister produces precisely the same effects as those produced in the operation for hare-lip. Let a blister be applied for twenty-four hours, till the cuticle be raised; then make an incision into the raised vesicles, and a quantity of serum will escape: here, perhaps, your observations may terminate; but examine the under surface, and you will see on it small particles of solid yellow matter, which will be in a greater or less degree, according to the length of time the blister has been applied; but generally speaking, under the application of a blister, adhesive matter will be thrown out as under common cases of adhesive inflammation. For those who are anxious to know the time required before the adhesive inflammation commences, it may be as well to state, that it is different according to the different

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surfaces in fault. In the cavity of the abdomen, the intestines will be glued together in nineteen hours after the adhesive inflammation has begun. Now I mention nineteen hours particularly, because I have seen it produced after that time, in cases of gun-shot wounds. It may be in the recollection of some of you, that a man of the name of Blight, was shot by a man called Patch in the neighbourhood of Deptford: the ball traversed the abdomen. I was called to this case, and the man died in nineteen hours after he had received the injury. Here I had an opportunity of seeing what I have just mentioned; the intestines were glued to each other, and to the peritoneum, the peritoneal surface had quantities of adhesive matter on it, and was firmly united to the surrounding intestines. On the surfaces of wounds the process of adhesion takes place more rapidly; for if a piece of lint be applied to a newly made wound, in twelve hours it will be glued to its surface; in a dog the adhesive process commences in six hours. When adhesive matter has been formed, blood-vessels soon enter it, and within a short time it becomes organized, the vasa vasorum, by an elongated process, enter the newly formed substances, and send out minute ramifications. On cutting into adhesive matter within twenty-four hours after it has been deposited, small bloody spots may be seen, which mark the after situation of the vessels that nourish it; but it is not till ten days after it has been formed, that adhesive matter becomes completely organized, for if you divide a part, and then unite, and afterwards endeavour to inject it, you will find that you would not succeed till ten days after union had been effected: when vessels elongate, they have not the character of vessels in general; they take a serpentine and tortuous course. Some thought at one time, (and I believe even Mr. Hunter himself, when he first made the discovery of union by adhesion,) that the vessels originated in the newly-formed substance; but since additional observations and experiments have been made, the opinion has been found to be false; and before his death, Mr. Hunter discarded the notion; for it is found that the vessels proceed to, and not from, the newly-formed part. The degree of vascularity will be in proportion to the part subjected to the adhesive process. In tendons, for instance, it will be much less than in muscles. This process is of the greatest possible impor-

tance in surgery. It ought, therefore, to command much of your attention; and it will be unfortunate for you if you do not understand it. Without this process no operation could be attended with success: its absence, even after bleeding, would destroy life. Bear this principle in mind, then, gentlemen—always endeavour to effect union by adhesion.

Suppose you were called to a compound fracture, what would you do? Endeavour, certainly, by bringing the parts together to make it a simple one. Within these few days you have had an opportunity of witnessing the fatal consequences of hemorrhage in a case of compound fracture; if the adhesive process had taken place, hemorrhage would have been prevented, constitutional irritation kept off, and recovery have been the result. It is the same in formidable operations: the Cæsarean operation, which consists in making an incision in the course of the linea alba, for the purpose of extracting a fœtus from the womb, is not dangerous if the adhesive process takes place; now and then, from hemorrhage and exhaustion, it proves serious; but, in most cases, the danger is slight if union by adhesion be procured. To exemplify this by the operation for cataract; in this operation a wound is made in the eye, more than half of the cornea is cut (vulg. apple of the eye); if the adhesive process takes place, within 12 hours the flaps begin to adhere, and in 24 hours they are consolidated. Suppose on the contrary they do not, violent inflammation supervenes, and the result is destruction to the eye of the patient; success depends then in this instance on the adhesive process. In a person who had been in ill health the inflammation might be too weak, and in another case it might be too strong; suppuration would be the consequence in both instances; the same effect in the two cases, though produced by very different causes. Again, in the operation for strangulated hernia, an opening is made into the hernial sac which communicates with the cavity of the abdomen, and if the parts are not afterwards united by the adhesive process, the patient dies. In the operation for aneurism it is adhesive inflammation which saves life; a ligature is applied to the artery, a coagulum of blood forms, the adhesive process commences, fibrine is poured out, and the internal coats of the artery are glued together; but for this when the ligature gave way, hemorrhage

would ensue. In the operation for radical cure of hydrocele (morbid secretion of water between the coverings of the testicle), we have a beautiful opportunity of witnessing the effects of adhesive inflammation. After the water has been evacuated, a stimulating injection being thrown into the cavity excites upon its sides an irritation; inflammation is set up, adhesive matter thrown out, the internal surface of the cavity becomes permanently united, and thus a radical cure is effected.

This leads me to the state of limbs after amputation. In amputating a limb, your object is first to preserve sufficient integuments to cover the ends of the bone; it must be integuments and not muscles, for if muscular fibres are preserved with the integuments, they will contract, and retraction of the skin covering the stump will be the result. When the limb has been removed, you will apply ligatures to the bleeding vessels: now I would not advise you to tie every small vessel; ligatures on the principal vessels are quite sufficient, and the fewer applied the better, for though it is desirable to prevent disturbance of the limb afterwards, yet by waiting a short time after the operation, the smaller arteries will generally stop.

The ligatures themselves should be small, and consist of fine silk, for nothing is so bad in operations as the application of coarse ligatures, excepting perhaps in cases where ossification of the arteries has taken place, when it would be justifiable; with this exception only, it is the worst possible surgery to apply thick ligatures to arteries; and if a surgeon were to do it, he would understand nothing of his profession; the thinner the ligatures are then, the better. Now there are two reasons why these ligatures are preferable, 1st. because they are less liable to escape; 2d. they divide the internal coats of the arteries more effectually: when you use a very fine ligature the internal coats will be completely divided, and the external will remain entire. Mr. (afterwards Dr.) Jones, published an excellent work on the natural means by which arteries unite in cases where ligatures are applied; and he stated the fact of the internal coats of the artery being divided by the application of fine ligatures. Thick ligatures also prevent the wounds from healing so rapidly as thin ones. After the vessels have been secured, the sponge should be ap-

plied, and all coagula of blood removed, as this is very essential to the union of the part; blood is not the means but the prevention of union in such cases, for unless it be taken away, the adhesive inflammation will not go on. There is one instance in which blood favours the process of adhesion, and that is in the application of a ligature on an artery; with this exception only, the opinion of blood favouring the process of adhesion is to be banished from your minds, for there are but two modes by which union can be effected, viz. by adhesion and by granulation; therefore remove all clots of blood, which will only act as extraneous bodies and keep up irritation. You are to cut off one end of the ligature close to the vessel, and let the other hang out of the wound: it has been recommended to cut off both ends of the ligature close to the vessel; this plan has, however, been already given up. This was determined by John Hunter in the first operation he performed for aneurism, on the trunk of the artery above the tumour, instead of on the aneurism itself; for in that instance he cut the ligature close to the knot, and copious suppuration took place afterwards. Ligatures can only be removed from the vessels by suppuration or absorption (in the latter case they must be first dissolved and then removed by the absorbents), and conceiving that if a ligature, composed of a substance easily soluble, were applied to a vessel and cut close to the knot, it might be dissolved, and then absorbed, I applied a catgut one to the femoral artery of an old man whom I operated on for popliteal aneurism, and cut it close to the vessel; this case turned out well, for suppuration did not ensue. Although successful here, I have tried it in several cases since, and have failed in all, suppuration always coming on afterwards. I applied a silk ligature to the carotid of a dog on one side, and a catgut one to the carotid of the opposite side: upon killing the dog some days afterwards I found the second ligature (catgut) buried in a cyst, and that the first had ulcerated the artery, and advanced to the side of the larynx. Experiment and observation show then that it is better to cut one end of the ligature off, and to leave the other hanging from the mouth of the wound. After amputation having disposed your ligatures in a line with each other, and leaving them to hang out at the most

depending part of the wound, you will, if the limb be removed above the elbow or knee, apply a bandage to prevent retraction of the muscles and extensive suppuration. I have seldom succeeded with my stumps above the knee or elbow when I have not used a roller; it is better to apply a roller in such cases, for the muscles will then be glued together, and form one consolidated mass. Having applied a roller, and brought the integuments together, I merely put three strips of adhesive plaster over the wound, and one round the stump, to keep the ends of the plaster in their place. It is curious to see the difference between the mode of dressing stumps now, and that adopted a few years ago; the old practice was, after the adhesive plaster had been applied, to put some lint, then plaster again, after that tow, and lastly, over the whole a cap of flannel. If a surgeon were to do this now, he would be laughed out of the operating theatre, and very deservedly.—All that it is necessary to do, is to apply three strips of adhesive plaster over the wound, and one circular piece; if the weather be hot, to apply the spirit-wash (spirit of wine and water), and if the weather be cool, to keep the limb quiet. The object is to keep down the inflammation to the adhesive stage; if it goes beyond this, suppuration will be the result. The last circumstance necessary to mention, is the impropriety of dressing the stump too early; a person anxious to see whether union has taken place, removes the plasters from the wound in two or three days: he who does this, entirely overlooks the object in view, and must be shocked, when he looks at the stump, to see that by the early removal of the plasters, he has destroyed all that nature had done.—All you ought to do, is in four days after the operation, to remove one strip of plaster, for the purpose of letting out any matter which might have collected. In six or eight days after the operation, it will be proper to dress the stump; but to do it before would be absurd.

The after treatment, which is applicable to stumps, is proper also for common wounds.

The adhesive process is useful in the formation of cysts. Balls encysted have been known to remain in the body for many years. Morgagni, I believe, mentions a case where a ball lodged in the lungs for a considerable space of time. If the ball be not encysted,

it travels, and absorption of the parts through where it passes takes place. A few days ago, a gentleman who had formerly received a wound above the zygomatic arch, from a ball, called on me having a swelling in the side of his face. I asked him whether he thought it was the ball there; to which he replied No: upon cutting on it, however, I found that it was the ball by which he had been wounded some years before. It had travelled beneath the zygoma to the middle of the cheek, on the surface of the parotid gland, from whence I removed it. Perhaps it was assisted in its course by the action of the temporal muscle. I saw a boy, of Walworth, who had been attending a target at which some volunteers had been firing; he thought himself safe at a distance of thirteen yards; he was mistaken, however, for one of them shot him in the collar bone. Some months after, he came to Guy's Hospital; and I removed the ball from about the middle of the upper arm. Thus the ball, by its pressure, had occasioned suppuration and ulceration, which had enabled it to travel to the situation from whence I took it.

Another very important use of adhesive inflammation is that of its dividing cavities into distinct parts, by which means it fixes a boundary to the suppurative process; thus it will divide the cavity of the abdomen into two, by throwing out adhesive matter on the surface of the colon. In joints, likewise, it will confine suppuration to one spot; and, in abscesses, it forms a wall round the matter, and prevents its escaping into the neighbouring parts.

St. Thomas's Hospital.

WEDNESDAY EVENING, Oct. 29, 1823.

LECTURE EIGHTH.

SUPPURATION.

Suppuration is the formation of purulent matter, and is produced from the secreting orifices of the blood vessels. It is either formed in cavities, when giving rise to abscess, or upon granulating surfaces. The formation of matter is often attended with powerful constitutional efforts: when, therefore, you see a person who has had severe inflammation, you ask him if he has had a cold shivering; for this is generally the forerunner of purulent secretion. If the inflammation has been extensive or situated in any vital part, the rigour or shiverings are succeeded

by violent heat and perspiration; these continue alternately, until matter becomes deposited. When in a state of rigour the blood collects about the larger vessels in the neighbourhood of the heart, and even in the heart itself; at length this organ becomes stimulated to action, and sends the blood with considerable force to all parts of the body; but more particularly to that part where pus is about to be secreted. A rigour, therefore, is merely a constitutional effort towards accomplishing the object that nature has in view. When pus is easily produced, there is no rigour whatever.

When there is an attempt to produce matter, there is an unusual sensation of uneasiness in the part, together with a blush on the skin, easily recognised by those acquainted with the subject, as a sure indicative that pus either has, or is about to form. In the adhesive inflammation, the pain is an acute thrilling one; but here it is more dull; and is likewise pulsatory or throbbing. As this continues the tumour becomes soft in the middle, but remains hard at the sides; the centre of the swelling points as it is termed; and upon pressing the part at this period fluctuation will be evident. Next thing to be observed is, that the cuticle comes off, leaving the cutis bare; then ulceration through this part to meet the ulceration from within: generally speaking, however, the ulcerative process is performed *entirely* from within. These then are the common appearances created by the progress of suppurative inflammation.

Some parts more readily go into the adhesive, some into the suppurative inflammation; the pleura, pericardium, peritoneum, &c. are subject to the former; while the urethra, vagina, lachrymal duct, trachea, bronchia, membrane lining the nose, &c. are liable to the latter: serous surfaces therefore are affected by the adhesive inflammation, and mucous surfaces by the suppurative. The reason why the inflammation affecting the two is different, appears to be this, viz. the vessels of serous surfaces are too small to permit the transmission of the particles that pus contains; but when the inflammation becomes violent or long continued, then the vessels dilate, and purulent matter is formed. Some experiments have been made, which tend to prove that this theory is correct; for it has been found that injections which are sufficiently fine to pass freely into

the vessels of mucous surfaces, will not penetrate in the slightest degree into the vessels of serous surfaces. We shall presently explain this to you more particularly.

In one of the preceding Lectures it was mentioned, that dangerous consequences sometimes arise from passing bougies in very irritable habits; the danger in these cases depends upon the formation of adhesive inflammation instead of the suppurative. The duct or canal leading from the inner angle of the eye, and which conveys the tears into the nose, is mucous, and therefore, when influenced, usually suppurates; consequently is only obstructed for a short period: and even this obstruction can be relieved at intervals, by pressing the finger upon the skin immediately under the corner of the eye, by the side of the nose, by which means the collected matter will be forced out at the puncta situated in the under eye-lid. Should the inflammation, however, be of the adhesive kind, then an obstruction will be formed that can only be relieved by operation. This complaint is named fistula lachrymalis. The tears now pass over the cheek, instead of into the nose, because adhesive matter has glued the sides of the tube together. The operation for the cure of this is simple, and will be explained to you hereafter.

The membrane covering the internal surface of the trachea (vulg. windpipe) is mucous, and, therefore, when inflamed, usually suppurates; but in croup, large quantities of adhesive matter are thrown out, and these very frequently occasion death. The coagulable matter adheres so firmly, that it cannot be disengaged by the ordinary efforts for expectoration; and at last, from its increase, fills the trachea, and suffocation is of course the result. Nature has, as we before remarked, wisely ordained that the various outlets of the body should commonly be affected by the suppurative inflammation; and if this were not the case, life would be short indeed.

Arteries and veins, when inflamed, are generally influenced by the adhesive inflammation. It occasionally happens, however, that their inner coats suppurate; and, said Sir Astley, I have more than once known persons die from the irritation that this has excited. A man in Guy's had a leg removed. In a day or two he became delirious, and shortly after died. When examined, no particular disease in his body was found; but the suppurative pro-

cess had been set up in the arteries, and this caused the fatal catastrophe. Similar events would follow the operations for aneurism, if the adhesive inflammation did not supervene instead of the suppurative; for matter would form above the ligature, and, mixing with the blood, would destroy life. Suppurative inflammation of the vein has often been known to come on after bleeding, and occasion death. Upon dissection in these cases, matter has been found in the heart, mixed with the blood.

Wounds made into joints are always dangerous: this has been said to arise from the admission of air. No name can be given to such a declaration but ignorant nonsense; for air has no power whatever of producing inflammation in these cavities, and he who says otherwise knows nothing about it: the danger arises from its being a mucous surface; the synovial membrane lining joints, therefore quickly passes into the suppurative inflammation, and which circumstance renders an injury done to these parts exceedingly difficult to cure; besides the internal surfaces of joints are much more extensive than you would imagine: you would be astonished if you saw the internal surface of the knee-joint spread out on this table; joints are also composed of materials having in themselves very little restorative power, being formed of ligament, cartilage, and bone parts that soon inflame, suppurate and absorb. Whenever, therefore, you are called to accidents of joints, and where openings have been made into them, these you should endeavour to close as speedily as possible. Likewise, when you have to remove from these cavities extraneous bodies, you should draw the skin forcibly on one side and then cut through it down upon the substance. If the operation be performed in this manner, and when concluded, the skin being left to itself will return to its natural situation, consequently the cut in the integuments and that in the capsular ligament will not be opposite each other, and union by the first intention much more likely to ensue.

In wounds of the theca as much caution is necessary as in those of joints—its structure, in fact, nearly resembles the capsular ligament, and synovial membrane: an injury here causes, in a very short time, great pain and inflammation, much constitutional irritation and fever. If matter forms it becomes deposited, or locked up as it were,

in a tendinous bag, and so great is the irritation that it sometimes occasions, that it has been known to destroy life in 60 hours. A young gentleman from the West Indies, of great professional merit, of the name of Alcock, informed me one Monday night after surgical lecture, that he had in the course of that day punctured the theca in some part of his hand—as he was living at the time in the house of the late Dr. Heighton, I advised him to show it to the Doctor (who was an exceedingly able man), he did so; —on the following day he suffered greatly from constitutional irritation, and on the Wednesday morning died: his system was certainly a very irritable one, and this accounts in great measure for so speedy a dissolution. When, therefore, you suspect matter in these parts, let the quantity be ever so small you ought to discharge it. It is surrounded by a structure, through which without assistance it cannot pass, therefore, Nature requires your assistance. At the commencement of inflammation in these injuries, your treatment should be prompt—apply leeches and poultices, and give your patient calomel and opium—these measures, judiciously used, will often check the progress of the disease, and in a short time completely remove it.

Formerly, it was the opinion that matter was produced from a dissolution of substance; this opinion is now exploded, for we have numerous facts to prove that it is not true; in the urethra for example, you all know that matter will be formed on its surface for months, and is the urethra destroyed by it? No, but, on the contrary, is thicker than it was before the discharge existed; and upon examination of this part after death, no ulcers have been discovered even if the matter had been flowing for months; the ancients thought that gonorrhœa arose from ulceration of the urethra; this opinion, therefore, is also found to be wrong. Again, in large cavities, such as the chest, an immense quantity of matter may be secreted, and yet after death no erosion of the solids will be discoverable, but will afterwards, (and this is more particularly the case with the pleura and peritoneum,) be found very materially thickened. Sir Astley remembers when there was a very warm discussion on this subject, the disputants used to put pieces of raw meat upon the surface of ulcers, and after suffering them to remain for some time, would then carefully weigh them for the purpose of acertaining the quantity of substance lost.

Matter then is secreted from the blood vessels, but not until after they have been acted upon by inflammation, the effects produced by the application of a blister exemplify this; first serum and fibrine are thrown out when the cuticle is raised; remove the cuticle and apply upon the raw skin a piece of glass, at first no matter is to be seen, but in a few minutes you will observe it collect and adhere to the under side of the glass; bile, urine, and in fact all the fluids are secreted from the blood, but in each instance the action of the vessels is different.

Pus is composed of serum, and particles swimming in that serum; there may be also a little coagulable matter in the serum; this, however, is hypothesis; that fibrine is discharged from the vessels in adhesive inflammation, is not hypothesis, but, on the contrary, a well ascertained fact. The particles of pus are the same as the globules of the blood, but the action of the vessels appears to take away their colour; their form is the same, and size the same: these globules also resemble those that are contained in mucus.

Pus when healthy is a bland fluid, and will not irritate the parts that produce it. Surgeons formerly thought otherwise, and therefore used to cover the surfaces of wounds, by means of sponge, for the purpose of sucking up the matter as fast as it was generated. When, however, pus is unhealthy, having mixed with it too large a portion of serum, or when bloody, then in passing over the skin it will irritate and occasion excoriation.

Matter in some persons will in a very short time become inconceivably putrid and fetid. A butcher when getting out of a hay-loft missed his footing, and in trying to save himself from a fall had the misfortune to hitch his hand upon a hook, and upon which the poor fellow hung like one of his own sheep: eight days after the accident he was brought to Guy's Hospital; the next day his hand was opened, and the matter discharged was most horribly offensive--on the following day he died. Whenever the matter of an abscess becomes offensive you should regard it as a bad symptom: such cases are troublesome and often very unfortunate.

When matter of a poisonous kind is applied to the surface of the body, it irritates, occasions inflammation and suppuration, and this newly formed matter is of

exactly the same description as that which produced it; at least, the poisonous quality is retained undiminished in virulence. This is illustrated by the discharge of gonorrhœa, chancre, smallpox, &c. To enumerate all the instances would fatigue you.

Suppuration is not without its advantages: in two points of view it is very important. 1st. By forming a covering to granulating surfaces, thereby preventing the granulations from becoming dry through the influence of the air; for, if they were not kept moist, they could not push forward. 2dly. The suppurative process is the means resorted to by nature for effecting the escape of extraneous bodies: thus a ball, by its pressure, gives rise to suppuration, and ultimately is discharged, excepting in such cases as we have before described, where it remains encased by adhesive matter.

Some wounds are very troublesome, and, do what we will, we cannot get them to heal. Now and then it happens, if you discontinue your dressings to such sores, and let their surfaces remain exposed to the air, incrustations or scabs will form; under these pus will be secreted, which, by keeping the granulations constantly moist, will often cause ulcers of this description to heal, when all artificial attempts have been completely unsuccessful.

When the constitution has been long accustomed to a discharge from an ulcer, some caution is requisite when healing it; for, if done too suddenly, hectic or appoplectic symptoms are very apt to supervene; ancient surgeons observed these, and to obviate which they were in the habit of making issues in other parts of the body at the time of healing old sores. Quantities of matter constantly discharging for a considerable period, inevitably acts on the constitution as a source of depletion; and which, if suddenly discontinued, we may reasonably imagine would produce the symptoms before stated; there is no necessity, however, for issues to prevent them, as purgative medicines will answer much better, and speedily carry from the system by a natural channel any increase of its fluids. Mr. Wilson, formerly a Lecturer on Anatomy in this town, in his younger days was for a long while annoyed by a spitting of blood, and which threatened him with an attack of pulmonary consumption—at length an ulcer formed upon his arm; and shortly after the bleeding from the lungs

ceased. The sore was an exceedingly obstinate one, and resisted for a great length of time all attempts that were made to close it; at last, however, it was accomplished; upon which the bleeding from the lungs once more returned.

A long-continued discharge from a blister has, upon being too suddenly checked, produced oppression of the brain.

Suppuration is best promoted by the application of heat and moisture.

MEDICAL AND SURGICAL INTELLIGENCE.

We translate the following Case of Tetanus from the valuable collection of Anatomico-Pathological facts by M. Tacheron.

Bailler, nine years of age, of a lymphatic temperament, having always enjoyed good health, received, April 25th, 1808, a violent blow of the fist in the epigastric region, which knocked him down. Towards the evening of the same day, he was seized with a sharp pain in that part, and convulsions of the muscles of the back.

On the 26th, he entered the Hospital; and on the 28th he presented the following state:—

Involuntary contraction of all the muscles of the body; less in the arms and neck than in the other parts; very acute pain in the epigastric region; continually laying on his back; mouth closed, and unable to open it; hearing good, and answers correct. When, in order to raise him, he was taken by the head, the neck bent a little forwards; but if he was seized by the shoulders, his whole body was raised in the same manner as a stick would be, if lifted when placed horizontally; the state of tension was not, however, always the same; it was followed by a slight relaxation, which was soon succeeded by a strong contraction; respiration slightly oppressed; neck thrown back a little; jugulars prominent; tongue white; breath offensive; pulse small, hard, and wiry; bowels constipated; urine turbid, with a greyish sediment; contraction of the upper extremities less strong than that of the lower. Cataplasms and antispasmodic medicines were ordered him.

29th. Difficulty of breathing slightly increased; hollowness of the eyes; projection of the orbitary circles; spasmodic tension the same; constipation; urine of a lemon colour with a grey deposit; other symptoms as before. He was ordered a laxative draught.

30th. Increase of symptoms towards night; very sharp pain in the legs; spasmodic tension stronger than yesterday; legs and thighs unable to be bent; contraction of the muscles of the hand less; breathing more laborious; slight cough; the mouth was opened with greater difficulty; pulse small and frequent; skin more dry and hot; urine scanty; constipation; disposition to bend the body forwards. Six leeches were applied to the right side of the chest, and some more medicines were ordered for him.

May 1st. In the same state as before. Some opium was prescribed.

Towards two o'clock in the afternoon convulsions came on, and he died.

Examination of the Body.

The corpse was pale, stiff, and in a good condition.

The vessels of the membranes of the brain were gorged with blood; the brain itself contained also a good deal; but there was no fluid in the ventricles, or at the base of the skull.

The right lung was healthy; the superior three quarters of the left were also; the lower quarter presented evident marks of inflammation: it contained much blood, of a bright red colour.

There was no particular appearance in the heart.

The liver was of a greater size than natural; the stomach was contracted; four or five lumbricales (worms) were found in the ilium.

All the other organs were in a healthy state.

On the Destruction of the Fœtal Brain. By Mr. Hammond. *Communicated by* Mr. Travers. —*Read Jan.* 14, 1823.

[From the Medico-Chirurgical Transactions.]

A young woman of the name of Atfield having an unusually narrow pelvis, could not expel the fœtus by natural means; and it became necessary to diminish the size of its head.

An opening was made in the skull near the fontanelle, and a portion of parietal bone was removed; three fingers were introduced into the brain of the fœtus, the cerebrum was completely broken down, and about two ounces of brain taken out: the head and the whole of the fœtus were then quickly extracted. The child immediately cried heartily, and breathed in a perfectly healthy manner, and with the usual apparent strength. It bled considerably from the wound in the head; a dossil of lint was applied, and kept on by adhesive plaister. This seemed to moderate, but not to stop the hemorrhage; the child passed fæces and urine, and for twelve hours the functions of life seemed to be carried on in the usual and healthy manner; the child frequently crying loudly. After that time it became weaker, cried more feebly, looked very pale, and seemed gradually sinking; for ten hours it continued in this state, during the last two it was slightly convulsed. The bleeding from the wound though not violent, never ceased, and the child appeared to die more immediately from the hemorrhage.

On examining the brain after death, I found the dura mater considerably torn, the cerebrum throughout both hemispheres torn and broken down, so as to appear a mere mass without organization; where the ventricles should have been was filled by clotted blood. The cerebellum, medulla oblongata, and spinal marrow were not injured. The child lived forty-six hours.

This case may perhaps be useful in a practical point of view, as it tends to show that the removal of a part, and the destruction of the whole cerebrum, does not insure death to the fœtus; and in such cases, where the head must be opened, it would be better to divide the medulla oblongata or the spinal chord; for the mother, who is generally prepared for the operation by the assurance that

her child is already dead, suffers considerable pain on finding it born with life, but without brains.

An Account of a rare Case of Complicated Labour, from locking of the heads of Twins. To which are subjoined notices of two recorded Cases of the same description; with a suggestion of a method for effecting delivery under similar circumstances. By John Allan, Esq. *Member of the Royal College of Surgeons. Communicated by* Dr. Davis.—*Read April 8th*, 1823.

At one o'clock in the morning, on the 11th of August, 1822, I was called to Mrs. Welch, a small spare woman, thirty years of age, in her third labour, who was stated by the midwife in attendance, to have been eight hours in strong labour, with an arm presenting.

I found the membranes entire, but apparently containing no liquor amnii. The labour had so far advanced, that the os uteri was obliterated. The presenting limb proved to be a left knee, and with it the vertex of a head. I attempted to push up the knee so as to cause the head to descend, but ineffectually, owing to the powerful and painful contraction of the uterus. The membranes being unusually tough, and not distended with fluid, were lacerated with some difficulty by the fore-finger introduced between the thigh and leg, so as to hook the child's ham. The knee was then pulled down, and the head at the same time was felt to retire upwards. The body having descended, the right arm was observed to be wedged between the occiput and the symphysis pubis, and was not disengaged without some difficulty after the left arm had been extracted.

No pulsation being perceptible in the cord, I was proceeding, in the usual manner, to introduce two fingers of my left hand into the child's mouth, for the purpose of bringing the chin down to the breast, and hastening the delivery, when I discovered that the hollow of the sacrum was occupied by the head of another child, of which the body was still above the brim of the pelvis. The face of this second child was towards the sacrum, and its occiput was closely applied to the throat of the first-mentioned child. The back of the neck of the latter was closely applied to the symphysis pubis of the mother, and its face to the back of the neck of the child whose body remained within the uterus. With the heads thus situated, it would have been impossible, even had the firm contraction of the uterus been out of the question, to have pushed upwards the one next to the sacrum, without carrying the other before it; and every attempt to extract that which was next to the pubes had the effect of pressing the other so forcibly downwards as to threaten a rupture of the perinæum. In this dilemma I was at first rather doubtful what course to pursue; the case, so far as then known to me, being without a parallel: but after a littte consideration, I resolved upon a mode of completing the delivery, which will be described presently, and which may, perhaps, be advantageously adopted on similar occasions in future. Owing to the smallness of the

children, it proved unnecessary in the present instance, both heads having been simultaneously expelled from the pelvis by one powerful parturient effort, without any assistance from art. Both children were irrecoverably dead. They appeared to be six weeks or more before the full period. The mother had a smart attack of hysteritis, marked by uterine pain and suppression of the lochia, and accompanied with great excitement of the vascular system, and severe intolerance of light. Three bleedings, amounting together to seventy-six ounces, and free purging, with other appropriate means, removed these symptoms, and she recovered perfectly.

In the Edinburgh Medical and Surgical Journal for January, 1822, a case very similar to this is described; in which, however, there was the peculiarity that the head occupying the hollow of the sacrum had its occiput towards that bone, and the head next to the pubes had its face towards the left side of the pelvis.

It is stated, that the head nearest to the sacrum was perforated, with the design of making room, if not for extracting the other head entire, at least to admit of applying the perforator to it also. The latter alternative was found necessary; but even after both heads had been broken down, it was not without considerable force exerted by the operator, as well as by two gentlemen who assisted him, that the head next to the pubes was extracted. The extraction of the other child was then effected without further difficulty. The patient died of inflammation of the uterus and parts lining the pelvis, on the eighteenth day after her delivery, notwithstanding very active treatment and great attention on the part of her medical attendant.

Another case of this kind is related in the *Journal de Medicine* for November, 1771, in a letter addressed to M. Levret, by M. Eneaux, a surgeon at Dijon, who states, that he succeeded in extracting, with the forceps, the head next to the sacrum, while the body of the other child, which had passed the os externum, was held up in the hands of an assistant over the pubes of the mother. The head of this last child was extracted with ease after the body of the other. The writer adds, that the child which he extracted with the forceps survived, though not larger than a seven months' child; but that the other died, though corresponding in size to an eight months' child. The mother recovered well. M. Eneaux further states, that he ascertained, by examining the placenta, that both children had been contained in one set of membranes. This, I have some reason to suspect, was likewise the case with the woman whom I delivered; but on this point I cannot speak positively, having inadvertently lost the only opportunity for making the inquiry.

Should a case of this description occur about the seventh month of pregnancy, the mode of delivery by the forceps, which succeeded in the hands of M. Eneaux, might perhaps be attempted; but with twins near the full period of gestation, such a mode of delivery, if practicable at all, would be manifestly incompatible with the lives either of the mother or the children. I may, therefore,

perhaps, be allowed to suggest for such cases, the operation which, had the natural efforts proved incompetent to the delivery, I had resolved to perform in the case described above. This consists in detaching the body that has passed the os externum from the head, pushing the detached head further above the brim of the pelvis than it is already situated, and then extracting, with the forceps, the head occupying the hollow of the sacrum, provided the natural efforts should still prove inadequate. After the extraction of this child, the separated head of the other would remain to be extracted with the forceps, or such other suitable instruments as might be necessary. In this manner the lives of the mother and one of the children would most probably be effectually saved; while the life lost would only be that of a child so situated that it would appear impossible to devise any practicable method for its preservation. Its death must inevitably ensue in a few minutes, even if no operation whatever were attempted, from the pressure that must unavoidably be made upon the umbilical cord; so that there will be no necessity for applying a cutting instrument while the child is alive.

In concluding this account of the present case, I have great pleasure in acknowledging, that, for the opportunity of treating it and others, I am indebted to the friendship of Dr. Davis.

Leicester Square, March 1st, 1823.

To the Editor of the Lancet.

SIR,—As the instrument you use is calculated to reduce those systems which are overloaded with what the old school would have considered vitiated fluids, I wish to call your attention to a morbid condition of that body to which the public applies the general term of THE FACULTY; in which sweeping appellation is included many beings who have nothing but self-appointed titles, by which they gull the community. We see over the shops, and at the private doors of self-taught druggists, in splendid letters, Surgeon, &c. —Surgeon and Accoucheur, &c. &c.—and, by the effrontery and speciousness of these displays, the multitude believe them worthy of every confidence; and the regular and respectable young practitioner is overlooked and daily insulted through these exhibitions. Now, as there is no redress to be had by an appeal to the legislature, I, as a young though regular surgical graduate and general practitioner, think it would be adviseable for those who are in like circumstances to assume some designation which would mark the authority with which we offer our services to the public, and which might be a means of salutary depletion. I would propose that instead of the term surgeon, every member of the college, who deems it right to express the nature of his profession on the front of his dwelling, should write up Collegiate Surgeon. If this suggestion be deemed worthy of consideration, you will oblige me by giving it a place in the Lancet.

I am, yours respectfully,

JUVENIS,

Collegiate Surgeon and Authorised Medical Practitioner.

London, Oct. 24, 1823.

MEDICAL EXTRACTS.

I HAVE had, says a celebrated traveller, frequent opportunities of remarking a beautiful balance betwixt RESPIRATION and DIGESTION.

During a putrid fever, which attacked me last summer, it was too evident to escape the observation even of my nurses. When the stomach was oppressed, respiration laboured; and when the lungs were plentifully supplied with vital air, the breathing became easy, and the superabundant quantity of food was no longer a burden.

I am happy to find my ideas on this subject confirmed not only by my physician, to whom I first practically noticed it, but also by the correspondence between two of the most ingenious medical practitioners and chemists of the age, Dr. *Withering* and Dr. *Beddoes*. The former, writing to the latter, says, the experiments you wish for on the subject have been in part made. The late Mr. *Spalding*, who did so much in improving and using the diving-bell, was a man of nice observation, and had he not fallen a sacrifice to the negligence of drunken attendants, would have thrown much additional light upon more than one branch of science. He particularly informed me, that when he had eaten animal food, or drunk fermented liquors, he consumed the air in the bell much faster than when he lived upon vegetable food and drank only water. Many repeated trials had so convinced him of this, that he constantly abstained from the former diet whilst engaged in diving.

In my putrid fever, whenever the air of my bed-chamber was artificially *oxygenated*, as my physician often witnessed, my respiration was pleasant, the oppression at my chest relieved, and I was enabled to breathe freely through the nostrils without the assistance of my mouth, which I could not do before the room was oxygenated. At the same time I am convinced that my appetite was greatly increased, my occasional sleeps rendered sound and undisturbed, and my digestion considerably quickened.

We now see the reason why men, who are oppressed with food, *pant;* and why in a close room, where they are confined within the curtains of a bed, where the air is vitiated by passing frequently through their lungs, they open their mouths wide to breathe, and therefore why they *snore*.

I have often had occasion to converse with miners in Cornwall, who had been almost deprived of life by breathing a mephitic air, and have been informed by them, that on reviving they have constantly been seized with nausea, and that commonly the stomach has rejected its contents quite crude.

Whenever the imperfect tribe of animals, or such as sleep out the winter, are exposed to a cold so great as, in a great measure, to rob them of their inbred heat, their powers of motion are proportionably diminished; and as they cannot have, at that season, a very copious generation of caloric, but only enough to keep up the spark of life, their animal oil, which is composed of principles attractive of oxygen, being sufficient for that

purpose, they lose also the power of digestion.*

At Bellisle, in the beginning of the winter 1761, I conveyed, says *John Hunter*, worms, and pieces of meat, down the throats of lizards when they were going into winter quarters, keeping them afterwards in a cool place. On opening them at different periods, I always found the substances which I had introduced entire, *and without any the least alteration.*

A hedge-hog, while the heat of the body was at 30 degrees, had neither desire for food, nor power of digesting it; but when by artificial means it was increased to 93 degrees, the animal seized a toad which happened to be in the room; and upon being offered some bread and milk, it immediately eat it. The heat roused up the actions of the animal œconomy; the breathing became quickened; and the blood, having imbibed a greater quantity of oxygen air, containing latent fire, to be extricated by the principles separated by the stomach: hence the immediate call on the digestive powers of that organ. †

It has been proved, that vital heat arises from the decomposition of air in the lungs. We shall now show, HOW LIFE DEPENDS ON A CERTAIN DEGREE OF HEAT IN THE BODY.

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* Observations on Digestion, by John Hunter. This accurate experimental philosopher has the *muscular* animal heat, the *digestive*, and the *procreative*, to mark the three intensities; or rather the three effects produced by different degrees of *oxygenation* in the animated world.

† The anatomical Lecturer at Pisa, in the year 1597, happening to hold a lighted candle near the subject he was dissecting, on a sudden the vapours that issued from the stomach and intestines were set on fire. In the same year Dr. Ruish was dissecting a woman, and had no sooner opened the stomach, than there issued out a yellow greenish flame, supposed to have arisen from the vapours, which were kindled by a student's holding a lighted candle near him. Dr. Vulpare, the anatomical professor at Bologna, affirms that any one may see, issuing from the stomach of an animal, a vapour that *burns like spirits of wine*, if the upper and lower orifices are bound fast with a tight thread. The stomach thus tied, must be cut immediately under the upper ligature, the contents of the stomach being first pressed with both hands, so as to pass to one side. A candle being held about half an inch from the aperture, a flame will be observed immediately to issue from the stomach. Bartholine relates the case of a person, who having drunk much brandy for a wager, died, after an eruption of a flame of fire had first issued from his mouth. *The inflammable woman of Coventry*, as described by Mr. Wilmer, appears also to have reduced herself by dram-drinking to such a state as to be capable of being set on fire, and burn like any very combustible matter; "so eager," says the learned Dr. Beddoes, "were the principles of which she was composed to combine with oxygen." In like manner the countess Cornelia Bandi, near Cesena in Romagna, in 1731, in the sixty-second year of her age, was found in the middle of her bed-chamber reduced to ashes. These ashes were light, and left in the hand a greasy and stinking moisture; the floor was smeared with a gross unpleasant moisture, and the walls and furniture were covered with a moist soot.

An instance of the same kind occurred at Christ-Church in Hampshire, June 26, 1613. One John Hitchell, a carpenter of that parish, having ended his day's work, came home and went to bed. His wife found him dead before morning at her side. He felt so extremely hot, that it was impossible to touch him. *He lay burning for three days*; nor was there any appearance of flame outwardly, but only a smoke or mist ascending from his carcass till it was consumed.

Grace Pett, a fisherman's wife, of the parish of St. Clement's, Ipswich, about sixty, was also consumed by an internal fire. She appeared like a heap of charcoal, covered with white ashes; the legs, arms, and thighs, were very much consumed. However, it is remarkable that

In the chick contained within an egg there are no powers capable of generating heat. Therefore until the chick receives heat from the mother it remains in a torpid and inactive state. The principles of life are then called into action. A gradual extension of the parts commence. During the time of incubation, the living principle every day increases in quantity and power with the perfection of the animal, and the capacity of its organs for performing its functions, and generating heat, which last does not happen till the time of its exclusion from the shell: after which, the chick does not depend *entirely* on the mother for the production of that heat, which must always accompany and support the functions of life. When, by respiration, the first action after birth, oxygen air is absorbed by the blood, the motion of the heart, the circulation, and other operations, are carried on with greater vigour than formerly, and the food being separated into principles attractive of oxygen, the chick is capable, in a great measure, of generating a degree of heat equal to that of the parent. At first, the mother, by a wonderful instinct, as if conscious of the tender state of her progeny, and of the impossibility of their being kept quite sufficiently warm by their own powers, gathers them under her wings to cherish that vital warmth, which she appears to judge them capable of creating, and without which they would necessarily perish. In the same way, if, during incubation, the hen leaves her nest so long as to cool the eggs a few degrees, from that period the powers of life are proportionably diminished, and a stop is put to the growth of the chick; both of which, if the eggs have not been cooled too far, are recoverable on the return of the hen, or of that genial heat they receive from her body. The mother is so solicitous to preserve this heat, that she seldom leaves her nest above five or six minutes in the day, to take a slender repast; and when she discovers the motion of the chickens in the eggs, she then sits so close, that even the sight of food, though ever so much pressed by hunger, can scarcely prevail with her to stir from the eggs for three or four days, or until they are completely hatched. But if she abandons her nest altogether, or is killed by accident, then, as the eggs cool, the powers of life gradually decline, till they are at last totally abolished by the death of the chickens.*

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the deal floor on which she was extended had no appearance of being in the least singed.

These remarkable instances of the *quick combustion* carried on in the body, if I may be allowed to continue the expression, is adduced only as exceptions to Dr. Thornton's general rule, that within the body there is always carried on a *gentle combustion*, productive of the *vital flame*,

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* From Dr. Gardiner on the Animal Economy.—Though the functions of life are suspended for want of a due quantity of animal heat, yet in some creatures, under these circumstances, the vital principle still remains entire. Thus flies, when the cold comes in, appear as if deprived of sense, and in proportion to the degree of cold, the moving mechanism is retarded. But if the weather be intensely cold, they then sleep the sleep of death. Hence the reason why we see toads burrowing, frogs living under large stones, snails seeking shelter in the hollows of trees, and fishes having recourse to deep waters; the heat of all these places being generally above the freezing point, even in our frosts,

THE LANCET.

SUNDAY, NOVEMBER 2, 1823.

Dr. Collyer's friends, in the course of the present week, have presented to the world the following Advertisement :—

"The Rev. Dr. COLLYER.—We, the undersigned, being the persons who in the first instance fully and impartially investigated the circumstances upon which the reports respecting the Rev. Dr. Collyer are founded, are unanimously of opinion, that the statements made by him are in all respects correspondent with the facts; and we do hereby declare, that from every subsequent investigation, we are still further confirmed in that opinion, and now state as our firm conviction that there never did exist any just ground for the base insinuations that have given rise to those reports so deeply affecting his moral character.

" JNO. WALTER
" WM. STOTT
" R. S. YOUNG
" JNO. FULBROOK.
" ROBT. DOLPHIN.

"Since the foregoing declaration was signed, the opinion of eminent counsel has been taken upon a case submitted on the behalf of Dr. Collyer, from which it appears, that the publication respecting him in No. 2. of *The Lancet* affords no ground of action or prosecution; and we hereby disavow any connexion whatever with the several publications which have already issued from the press. Dated this 27th day of October, 1823.

" JNO WALTER
" WM. STOTT
" R. S. YOUNG
" JNO. FULBROOK
" ROBT. DOLPHIN."

This declaration affords us both pleasure and regret. We are, of course, glad at being thus freed by the *Doctor's* FRIENDS, from the imputation attempted to be cast upon us by the Tract Hypocrites, of having unjustly aspersed his character; but, at the same time, we deeply lament, on the Doctor's account, and for the honour of humanity, that the depositions and commentaries which we have published, must thus for ever remain uncontradicted.

WITH the utmost reverence for the Laws, and without any disposition to quarrel with, or to impeach the general administration of Justice in this country, we believe we

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which are however sometimes so severe, as to kill many whose habitations are not well chosen. Nevertheless these torpid animals still maintain a temperature of heat somewhat higher than the surrounding medium. In the winter, the atmosphere at 44 degrees, the heat of the torpid hedge-hog at the diaphragm was found, by Mr. Jenner, to be 48 degrees and a half. When the atmosphere was at 26 degrees, the heat of a torpid hedge-hog was reduced so low as 30. In summer, the atmosphere at 78 degrees, the heat of the hedge hog at the diaphragm was found to be 97. The atmosphere being at 30, that ingenious physician and most experimental philosopher, Dr. Heighton, the Lecturer on Physiology at Guy's and St. Thomas's hospitals, found the animal heat of a torpid bat at 33; and when the atmosphere was at 60, he found it so high as 63 degrees; that is, during life the vital heat was always found to exceed the surrounding medium. *Vide John Hunter's Observations on the Animal Economy.*

speak the feelings, and echo the voice, of an alarmed and indignant nation, when we affirm, that some recent proceedings and decisions at our Police-offices have stricken amazement into the public mind, and spread consternation throughout the land. The discretionary power with which the laws have, from time to time, armed, in *some instances* an *ignorant*, and in *others*, an *arbitrary* magistrate, has been long viewed with an eye of constitutional jealousy, by every enlightened friend to freedom and national happiness. If, however, it was before the duty of the Press, which is the public guardian, strictly to investigate the exercise of this discretionary authority — and at the bar of public opinion, before the august tribunal of a noble and high-minded community, to demand a rigid account of the manner in which magistrates had acquitted themselves of the great and important trust reposed in them: if this *was* proper *before*, what *is* it essential should be done *now*, when King, Lords, and Commons have consented to arm not only the *ignorant* or *tyrannical magistrate*, but the *worst ruffians*, and the most *infamous reptiles* in the land, with a power as *unprecedented* as *unjust;* and not more *unjust* than *unconstitutional*, to *rob*, *insult*, and *oppress* the unoffending passenger and unsuspecting stranger with profit and impunity? Englishmen, freemen ye no longer are, such a bill has passed into a law—has received the sanction and approval of that unreformed house—that pensioned and corrupt assembly, which, in mockery of your manifold sufferings, and in contempt of those accumulated and unredressed grievances, of which you have so long and so vainly complained, presume to call themselves *your representatives*. This, Britons! in the liberal and enlightened era of the nineteenth century, has been done in our once free and happy, but now debased and degenerated, Island. And has the period indeed arrived, when MORAL CHARACTER and CONDUCT are *no longer* our *safeguard* and *protection*—when *public rewards* are offered for the *omission of right* and the *commission of wrong*—and the most *flagrant crimes*, and the most *exemplary virtues*, the *inadvertent* error, or the *uncontrolable necessity*, are indiscriminately associated together? It has arrived; and these odious things have been brought about by a *sagacious Senate*, in this once *free country*—in an *enlightened age*, for the *benefit* of the *most vicious*,

and the *punishment* of the *most virtuous* members of the community! The Vagrant Act, as it is called, (and apt enough, for a Vagrant Act we all know it is,) has done this; and the *daring boldness* with which a *certain* magistrate, whose name we shall presently introduce into our pages, has converted it into an instrument of ferocious attack upon the liberty of the subject—has aroused the public indignation, and demands the potent interference of that most powerful of all champions, the PRESS of England, to *expose* the *iniquity*, and *denounce* the *injustice* which has recently been practised in open day, under the sanction and protection of an Act of Parliament. Without further exordium, we will go into facts; and with this view we copy the following report from the newspapers:—

KINGSTON SESSIONS.

The late Convictions under the Vagrant Act.

The several cases of conviction under this act by Maurice Swabey, Esq., were appealed against before a Bench of Magistrates. The first case called was

THE KING *v.* HOOK,

which was an appeal against the conviction of Maurice Swabey, Esq. one of the Magistrates of Union-hall Office. The appellant is a respectable man, a resident of Walworth, who, on the night of the 10th of August, upon returning from the city, and walking along the Borough-road, met one Mrs. Merrit, with whom and with whose husband he was intimately acquainted. He prevailed upon her to go into a public-house, in the Borough-road, and drink something; after which they walked on together, the appellant being a little affected with the liquor he had taken in the course of the evening. Having some occasion to be private for a short time, he desired his companion to walk on a little, and she had separated from him a few yards, when a watchman approached, seized them, swore they had indecently exposed themselves, and dragged them off to the watch-house. Next morning, they were brought before Maurice Swabey, Esq., who gave implicit credence to the watchman, and committed the appellant and Mrs. Merrit to the House of Correction as rogues and vagabonds, there to work with all descriptions of malefactors at the mill. The appellant, however, immediately entered into recognizances to appeal against the conviction, and accordingly appeared in court with his solicitor, Mr. Lee, of Union-street, and supported in his appeal by Mr. Thesiger, the barrister.

Mr. Lee proved that he had served notice of the appeal upon Maurice Swabey, Esq.

The *Bench* having waited for some time, that the witnesses for the conviction might make their appearance, asked whether any one appeared to support the conviction.

Mr. Lee.—I fear the Bench will have to decide without the presence of the watchmen.

The *Bench* (without an observation on the merits of the case)—"The conviction is quashed."

THE KING *v.* MARY MERRIT.

This appeal rose out of the foregoing case, and followed the same fate.

THE KING *v.* HART.

This is the celebrated Waterloo-road case, upon which Maurice Swabey, Esq. presided, and which closely resembled the above-described.

Mr. Lee proved the service of the notice. The Bench paused for some time, in evident expectation that all the cases would not be yielded up without a struggle, if not upon the spirit, at least upon the letter, of the obnoxious act.

Mr. Lawson looked round the court and said, "Does any witness appear in this case?"—No answer.

The *Bench.*—"The conviction is quashed."

THE KING *v.* GIBSON.

This was an appeal against a conviction by Maurice Swabey, Esq., before whom the appellant was charged with being a rogue and vagabond.

Mr. Lawson.—"Who appears to support this conviction?" — No answer.

Mr. Hope (the Assistant Clerk of the Peace)—"Is no person bound over to prosecute?"

Mr. Thesiger.—No doubt the Magistrate, being by the terms of the act, responsible, has bound over the proper witnesses.

Two officers, named Clarke and Blackman, said, they were ordered by the Magistrates of Union-hall to attend on this case.

The *Bench* again appeared in amazement, and at a loss in what manner to act, and asked, "Is there no counsel?"

The *Officers.*—We were only ordered to attend: we know nothing further.

Mr. Thesiger.—Those persons do not come before the court in such a form as to be capable of giving evidence. No doubt the Magistrate that commits is bound by the act to prosecute the prisoner.

The *Bench.*—"We will proceed with the case."

Mr. Lee then proved the service of the notice upon Maurice Swabey, Esq., and said the conviction was not maintainable any more than any of the rest.

In answer to questions from Mr. Thesiger, Clarke said he was bound over at the time of the conviction, and Blackman said he was bound over about a fortnight after the conviction.

Blackman's evidence stated, that he was conductor of the Bow-street patrol; that on the 19th of July, he attended at the laying of the first stone of the Infirmary in Waterloo-road; and while he was standing near the Duke of York, he saw Gibson amongst a crowd of people, and knowing him to be a reputed thief, apprehended and searched him. In Gibson's pocket he found a pair of scissors in a sheath, which scissors he suspected were intended to be used for the purpose of cutting pockets.

Cross-examined by *Mr. Thesiger.*—Had not the scissors now to produce, for they were given up at the time of the examination, by the direction of Maurice Swabey, Esq. Did not know that Gibson was a licensed hawker, but believed that he had been in the duffing business. Gibson did not say, at the time of his apprehension, as witness recollected, that he was an assistant to his mother, in disposing of linen about the country, and that he used the scissors on such occasions.

By the *Bench.*—Witness found nothing else upon the prisoner of a suspicious nature. Gibson was amongst the crowd, and nobody was speaking to him, he was there like any other person. Did not see him attempt any thing, but took him into custody, knowing that he kept company with reputed thieves.

Clarke, the officer, said he had been examined at Union-hall, by Mr. Swabey, at the time of the conviction, and he then stated that he knew Gibson, from having seen

him in bad company, but that he had never seen him in custody. He knew that Gibson had been hawking about goods with his mother.

This was the whole of the evidence on which the appellant was convicted before Maurice Swabey, Esq; and, after some judicious reflections from Mr. Thesiger, the conviction was quashed.

Can these things be ?

" And pass unheeded like a summer cloud,
Without our special wonder ? "

Can they indeed exist, and not excite our special wrath and indignation ! It is impossible ; and although it is gratifying, because it acts as some slight *antidote* to the *poison,* to observe the manner in which *other* magistrates have *disdained* to sanction the decisions of Mr. SWABEY ; yet, nevertheless, it is the accursed principle of the thing that demands the lash of the independent and enlightened public censor.—It is discretionary authority, which is invariably the ladder of despotism, and the stepping-stone to arbitrary power ; that commands the attention, and excites the fearful observation of every *loyal subject*, and every *free-minded individual* in the country.

If the proceedings we have just detailed be not sufficient to impress every thinking mind with the dangers with which this most obnoxious act is pregnant, we have another instance to record, which, if we err not in our judgment, will lay an irresistible siege to the warmest emotions of the heart, throughout the land. Like the previous extracts, we give, from the journals of the day, the annexed SCANDALOUS OUTRAGE upon the LIBERTY of the SUBJECT, and VILLAINOUS ATTACK upon the CONDUCT and CHARACTERS of a *respectable* and *unoffending lady* and *gentleman*:—

The following account of another instance of the operation of the Vagrant Act, has been furnished us by the young man concerned, whose statement we have every reason to believe to be correct :—

" The following is a relation of facts which occurred on the night of the 29th of August, and morning of the 30th, in consequence of the opinion some magistrates entertain of the interpretation of the words " indecent exhibition," and " indecent exposure," in the New Vagrant Act, and which opinion watchmen and other petty officers consider sufficient authority for them to act upon.

" On the night of the 29th of August, a young man of respectable family and connexions, called at a friend's house, in order to see home a young lady, with whom he is on terms of intimacy, sanctioned by the approbation of her parents ; when they were within little more than 50 yards of her parents' house, it then being a few minutes after 11 o'clock, she desired him not to go any further, as it was getting late, and she was then near home : they therefore stopped for an instant, and while in the act of shaking hands to separate, a fellow, dressed like a mechanic, crossed the road, and upon getting oppo-

site to them, looked them full in the face. Surprised at such an intrusion, the young man demanded, 'What do you want, fellow?' which was immediately returned by his saying 'What are you doing here?' The young man, conscious of his innocence of having committed any crime, replied, 'What is that to you?' During this time, they thought this intruder was some busy passer by, but he instantly laid hold of their arms, and called out to the watchman, whose box was not many paces distant; the watchman came directly, and the young man asked in an eager manner, 'Good God! what are you going to charge us with?' He said, 'I saw you;' and it was not until he was asked the third time, that he declared that he saw the parties indecently exposing themselves. Such was the effect it had on the female, that had not the fellow (who it then appeared was a patrol, although in a plain dress) supported her, she must have fallen. She cried bitterly, and they both assured the patrol and watchman that they were innocent of such a base charge, and that the female was respectable, and resided with her parents just across the road; this statement, however, had no effect, and they were both dragged to the Surrey watch-house, where the charge for indecent exposure was entered. Here they were subject to the ridicule of the patrol, who only laughed at the distressing situation of the female, and instantly locked them up in separate dungeons—him with a set of unfortunate minstrils, and her with several prostitutes, whose language was of the kind that may easily be conceived, but delicacy forbids the repetition of.

"A watchman undertook, for a shilling, to carry a note to the female's parents, who in about an hour arrived, and she was released upon her father's becoming bail for her appearance, next morning at Union-hall; and the young man, unwilling to trouble his friends, remained all night incarcerated in a dungeon 10 feet long, with 7 human beings beside a dog.

"The next morning, the young man inquired how he was to go to Union-hall, and was answered, that he must go in a string with the other prisoners, unless he chose to pay for a coach; the latter, he of course embraced, rather than be ignominiously led through the streets, chained to a set of wretched beings: and upon his arrival at Union-hall, he was permitted, as a favour, to remain in the open yard at the back of the office. Another favour was obtained by the proffer of a drop of liquor—namely, the escort of an officer to a barber's shop, to get shaved and washed, in order to appear in a decent trim before the magistrate. A third favour was kindly granted by the constable—that of having the case decided before many persons were assembled.

"At length (the female having arrived) the parties were placed in the felons' bar, and the patrol stated to the sitting magistrate, Mr. Swabey, the nature of the charge, adhering to what he first charged them with.

"The Watchman could not corroborate the patrol's evidence, as he only came up on being called by the latter.

"Mr. Swabey called on the prisoners for their defence. The young man declared in the most vehement manner that they were innocent of the crime imputed to them; and put it to the magistrate whether it were probable, that within a few yards of the watch-box, and within sight (even at that hour of the night) of the female's parents' house, they would have been guilty of such an act; would they not, if they had such an intention in their heads, chose other opportunities, which their intimacy might, if they pleased, easily pro-

vide for them? The young woman, who was in great distress during the examination, could merely articulate a declaration of the falsehood of the charge, and showed the magistrate (by taking the hand of the young man in hers) that that was the situation she was in, and they were bidding good night at the time. The young man again in the most earnest manner repeated their innocence, and the perfidy of the patrol in swearing to such a falsehood.

"The female's parents then came forward, and related to the magistrate the usual good conduct of their daughter; adding, that they had made inquiries where she had been the night before, and could account correctly for all the time their daughter had been from home.

"The young man was again proceeding with his protestations of innocence and the patrol's perjury, when he was interrupted by Mr. Swabey, who cut him short by saying, 'All your asseverations will not controvert the statement of the patrol; he has sworn you were in that situation, and *I believe him*; but for this once I discharge you.'

"The parties were then discharged; and whether it was through mistake, or whether it was so ordered is uncertain, but the office fee of 1*s*. was not demanded."

Laws *are*, or *ought* to be, as they *profess* to be, made for the *benefit* of *society*; but here we have accumulated proofs of the existence of at least *one* law, that has hitherto alone operated to injure and oppress the subject. Have the sufferers, then, in these cases no protection, no remedy, for this monstrous abuse by a magistrate, of a power vested in him, *we presume*, for the *general benefit*—and perverting it into an engine of individual oppression and persecution? There was a period, when an injury done to an individual, was looked upon by our vigilant and tenacious forefathers, until redressed, as a national grievance. Have these days passed away? or does the noble spirit of freedom or the generous love of justice, still animate our bosoms, and invigorate our minds? If this glorious feeling still prevails—an indignant nation—terrible in anger—will proclaim with one accord, that the framers of this *odious* and *oppressive* Act, have placed DAGGERS in the hands of ASSASSINS, and that another VITAL STAB has already been given to the ENGLISH CONSTITUTION.

THE DRAMATIC LANCET.

No. 2.

"O, reform it altogether!" *Shakspeare.*

FROM the tenor and spirit of our preceding Number, our readers will perceive that, while we profess to animadvert freely and fairly on what is nightly passing at our Theatres, our principal design is to call their attention to the existing state of the Drama; to explain the various causes that have led to its present melancholy decline; and, by pointing out its

glaring abuses, to restore it if possible to that exalted dignity and splendour, which in the better periods of our history, it once pre-eminently enjoyed. Mere abstract criticism, however it may administer to party spleen or gratify idle curiosity, if unaccompanied with some *rational,* or some *moral object,* as the final result of its labours, is an useless if not a pernicious weapon in the hands of its possessor, and a waste of that leisure which might be employed for a better and a nobler purpose. When the late celebrated John Hunter was once asked, whether he ever went to the Theatre? he answered in the negative; assigning as a reason, that "he was an admirer of nature, but that *he never found nature in a playhouse!*" Whatever may be thought of the sarcastic severity of this remark, yet to those, who, of late years, have, like ourselves, been attentive observers of the wild extravagancies and gross perversions of good sense and propriety, that have disgraced, and still continue to disgrace our principal metropolitan Theatres, there will appear to be much force and justice in the above assertion. The proprietors of our places of amusement, with all their pretended deference to public opinion, and their affected zeal for the national taste and morals, are less solicitous either to consult the one, or to improve the other, than to replenish the coffers of their exhausted treasuries. *Their* sole anxiety is to find out what will *tell;* and an overflowing house is the *ne plus ultra* of their eager hopes and wishes!—That Stage, which was wont to be considered as a conspicuous *arena* for the contests of rival genius, and the encouragement of sterling merit, —that Stage, which was once under the immediate superintendance of a Garrick, a Colman, a Sheridan, and a Kemble, and which, in the persons of its managers, united the rare and essential requisites of the gentleman, the author, and the scholar, is now "fallen from its high estate," and degraded into a mere trading and mercenary concern. Our public Theatres, for the most part are farmed and leased out to some prodigal adventurer or decayed actor, who seeks in its debasement the means of retrieving his own shattered fortune, and rendering it an ample source of speedy and profitable speculation. Under such auspices, it is easy to anticipate the result. Truth is sacrificed to expedience; propriety is laughed to scorn; sound is preferred to sense; the sober claims of modest merit are insolently thrust aside; genius is assassinated at the shrine of folly; while dulness is erected in the pride of pre-eminent station, and supported with all the extrinsic appendages of empty pomp and show.

If any proof were wanting of the correctness of these observations, it would be found in the proceedings of our two principal Theatres during the last week. At the one (Drury-Lane, which, according to the rules of seniority, we suppose, must claim the precedence), the admirers of the "regular drama" were treated with a confused and heterogeneous farrago of uproar and absurdity, from the pen of a Mr. Moncrieff (for so the daily papers tell us), one of the *literary* auxiliaries, we presume, of the Manager; and who was in

the constant employment of furnishing him with his *dramatic entertainments*, when he filled the less exalted situation of Proprietor of the Olympic Theatre. This puerile and insignificant production is designated the "Cataract of the Ganges." We will not waste the time of our readers with any detail of the story (for we will not dignify it with the name of plot), as it has already been given in the daily journals. Supported as it was on the first night, by the most costly and magnificent scenery, and the more *rational* aid of a whole stud of *horses*, which were brought forward upon this occasion to amuse the gaping multitude with their curvettings and prancings, and frighten the poor timid *figurantes* behind the scenes; and still more indebted to the strenuous exertions of the Manager, who understands *jockeyship* as well as any man on the turf, and who took especial care to provide himself with a sufficient number of boisterous myrmidons to shout forth their clamorous approbation, and drown all opposition, if any such had been manifested, this piece has been enabled to keep the stage. The other, "Harold the Renegade," or, the "Red Cross Knights," which was performed at Covent-Garden Theatre on Tuesday last, thanks to the prompt display of proper feeling on the part of the audience, and the good sense of Mr. Kemble, was withdrawn on the first night; and we have only to lament that such a glaring outrage on public decency and good taste, should ever have been suffered to obtrude itself upon the boards of this Theatre. What will the public think, when they are informed that the only qualifications for a principal dancer displayed by Signor or Senor Venefra, who was pompously announced in the play bills as just imported from the Lisbon Theatre, was eternally spinning himself round like a whirligig, and *hitching up his breeches!* It is scarcely necessary to add that this *graceful* and *delicate* exhibition was received as it deserved, with shouts of contemptuous laughter and hisses.—As the piece has been consigned to the tomb of all the Capulets, it might be merciful to spare any further animadversions: nor should we have again adverted to it, were it not for the purpose of strongly reprobating the practice of introducing foreign Singers and Dancers, upon our regular Theatres, to the neglect and injury of our native talent, and profaning those boards, which ought to be sacred to the fame of our immortal bards, and exclusively devoted to the best classical productions of the age. Let them be transferred to that Italian Opera to which they belong; and, where frivolity and fashion may, if it please the audience, gratify its pampered and vitiated taste, in seeing the twistings and contortions of half naked *women*, and listening to the warblings and recitations of emasculated and effeminate beings, wearing the outward form and semblance of *men!*

MISCELLANEOUS.

Heroism.

The plague raged more violently than ever in Marseilles. Every link of affection was broken, the father turned from the child, the child from the father: cowardice,

ingratitude, no longer excited indignation. Misery is at its height when it thus destroys every generous feeling, thus dissolves every tie of humanity! The city became a desert, grass grew in the streets, a funeral met you at every step. The physicians assembled in a body at the *Hotel de Ville*, to hold a consultation on the fearful disease, for which no remedy had yet been discovered. After a long deliberation, they decided unanimously that the malady had a peculiar and mysterious character, which opening a corpse alone might develop,—an operation it was impossible to attempt, since the operator must infallibly become a victim in a few hours, beyond the power of human art to save him, as the violence of the attack would preclude their administering the customary remedies. A dead pause succeeded this fatal declaration. Suddenly a surgeon named Guyon, in the prime of life, and of great celebrity in his profession, rose and said firmly, "Be it so: I devote myself for the safety of my country. Before this numerous assembly I swear, in the name of humanity and religion, that to-morrow, at the break of day, I will dissect a corpse, and write down as I proceed what I observe." He left the assembly instantly. They admire him, lament his fate, and doubt whether he will persist in his design. The intrepid and pious Guyon, animated by all the sublime energy religion can inspire, acted up to his words. He had never married, he was rich, and he immediately made a will, dictated by justice and piety; he confessed, and in the middle of the night received the sacraments. A man had died of the plague in his house within four and twenty hours: Guyon at day-break shut himself up in the same room; he took with him an inkstand, paper, and a little crucifix. Full of enthusiasm, never had he felt more firm or more collected: kneeling before the corpse, he wrote, "Mouldering remains of an immortal soul, not only can I gaze on thee without horror, but even with joy and gratitude. Thou wilt open to me the gates of a glorious eternity. In discovering to me the secret cause of the terrible disease which destroys my native city, thou wilt enable me to point out some salutary remedy —thou wilt render my sacrifice useful. Oh God! (continued he,) thou wilt bless the action thou hast thyself inspired." He began,—he finished the dreadful operation, and recorded in detail his surgical observations. He then left the room, threw the papers into a vase of vinegar, and afterwards sought the lazaretto, where he died in twelve hours—a death ten thousand times more glorious than the warrior's, who, to save his country rushes on the enemy's ranks, since he advances with hope, at least, sustained, admired, and seconded by a whole army.—*La Peste de Marseilles, by Madame de Genlis.*

TABLE TALK.

Extraordinary and singular Fruitfulness.—There is now living in the neighbourhood of Bollington, Cheshire, a man of the name of John Jackson; the following particulars of whose history, together with that of his wife, were related by himself, and

can be easily substantiated :—He relates that he was married the first time in the year 1763, to one Betty Brown, by whom he had twelve children, six boys and six girls. In fifteen weeks after her death, he married his present wife, who before their marriage was a widow, and had five children, which were then all living ; by her he had twenty-two children in twenty-years and forty-six weeks, the time and circumstances of whose birth were equally singular, and probably unprecedented. He hired a cow from a neighbour every year during that period (in which he had but two different cows), and in three or four weeks after the cow had calved, each time his wife was delivered of a child : but in the 21st year the cow had two calves at the same time, and his wife was then pregnant ; the people in the neighbourhood began to predict that his wife also would have two children, which in about three or four weeks was realized in the birth of two boys. When he took them to the church at Prestbury to be baptized, the Minister smiled (as he had had 32 children baptized there before) and said, " Well, John, have you another?" " Yes, two, Sir," was the reply. " Well, John, what must they be called ?" " Abraham and Isaac," said John. When the children had been baptized, and the ceremony was over, the Minister said, " Well, John, we should have another, and call it Jacob ;" and faithful, as in times past, in about twelve months afterwards John's wife blest him with another boy, which was called Jacob ; so that he had 35 children baptized in Prestbury Church, 23 of whom in the space of 22 years.--*Stockport Advertiser.*

On Tuesday, the 22d ult. about seven o'clock, a porter of the name of Campbell was killed by falling into the graving-dock. His head was so dreadfully smashed in the descent, as to prevent the body being properly identified. It was, however, supposed to be that of one Brown, to whose house the corpse was carried and dressed, notwithstanding the doubts of some of the relatives that there was a mistake in the person of the deceased ; which proved to be the case. Brown made his appearance about an hour after, being sent home by some children from an auction he was attending, " to convince his wife," as they said, " that he was not lying at home dead!" Campbell had been on an errand to a person on board of a vessel lying at the east harbour, when, it is supposed, he missed a foot, and met with the unfortunate accident which caused his death.—*Dundee Courier.*

NOTICE TO CORRESPONDENTS.

L. Y. shall not be forgotten.

Thos. R. is a very simpleton. The " Things," which he calls Publications, are beneath our notice.

Northern Skill is a hoax.

Mr. J. is sincerely thanked for the Copy of Guy's Will ; we have not yet had leisure to examine it.

Any communications from our Westminster Critic, will be gratefully acknowledged.

We are obliged to a " Lover of Truth," for his intelligent letter — but the work against which his observations are directed, is so silly, so pointless, so utterly destitute of argument, and so filled by Tract Cant, that we should feel ashamed at seeing its name in our pages.

We thank J. M. for his friendly hints. All that we promised in our first number, shall be faithfully performed.

S — m K — g must have had his wishes fulfilled by our last number.

PENITENTIARY AT MILBANK.

Extract from the Report of the Select Committee of the House of Commons, appointed to inquire into the Present State of the Penitentiary at Milbank.

EVIDENCE—*Concluded from p.* 143.

Alexander Copland Hutchinson, M.D. examined.

How long were you principal medical officer in the Penitentiary?—Very nearly seven years.

As you filled that situation at the period when this disease was at its height, will you inform the Committee what you should consider to have been its cause?—I should think insufficiency of nourishment, and want of proper air and exercise, the chief causes.

Was it not in July that the new dietary was established?—I believe it was in July.

Did you consider the old dietary as sufficient?—I thought, with the Committee of the Penitentiary, that it was rather too much.

What symptoms were there among the prisoners of its being too much?—A fullness of habit.

When the new dietary was established in July last, were you consulted, and your opinion taken upon the change?—Not in July.

When was it first taken?—On the 18th of March, 1822; I had been, however, consulted upon the subject of the change of dietary, by different Members of the Committee, for a year or two previous to their applying to me officially for my opinion, in regard to what reduction the then existing dietary could bear, with due regard to the health of the prisoners.

Altogether, what was the difference between your plan, in point of reduction of food, and the old dietary?—By the old scheme, the week's diet for a male and female together, consisted, in respect of animal food, of forty-eight ounces of boiled meat and thirteen pints of broth; and I know that such a quantity of food, having particular regard to the strength and quality of the broth, as it was then given, is the produce of seventy-six ounces of raw meat, weighed free of bone; whereas the weekly allowance of dietary proposed by me for a male and female together, was to consist, in respect of animal food, of sixteen ounces of boiled meat and twenty-one pints of broth, such broth to be of the very same strength and quality as that previously in use; and I know that this last quantity of food would result from forty-eight ounces of raw meat, free of bone: the proportion, therefore, which the animal food in the old scheme abore to that in the dietary proposed by me, was as 76 to 48, which is nearly as three to two.

The old dietary had more of the animal fibre than yours?—Considerably.

Therefore the alteration in the quantum of the dietary was a reduction in the solid meat?—Yes, but with some incease of the liquid nutriment.

Is your opinion, that the want of air and exercise is, in part, the occasion of the prevailing sickness, founded upon the presumption that, at one period, any of the prisoners had only five minutes exercise during the day?—I merely stated that the prisoners came to me and complained of their not having more than five minutes walking exercise. This representation of mine was a day or two only after the prisoners had so reported it to me, and that was the time that I supposed inquiry would have taken place.

You have stated, that you believe the want of air and exercise to be one of the causes of this disease; do you now believe there ever was any period in which the prisoners had only five minutes air and walking during that day?—I am not giving my own opinion; but having it upon the *ipse dixit* of the prisoners, that they were only allowed five minutes, it was my duty to report it.

You have stated, that you believe a part of the cause of the illness to be a want of air and exercise; on what belief of the quantity is that supposition founded?—It is because the prisoners have frequently complained to me, that their legs and knees were sore and cramped, by sitting so long; and from looking over the instructions and rules of the institution, it appeared to me that they had not sufficient exercise; and I frequently mentioned to Mr. Holford, particularly, when he remarked as to tailors, that they did the same in private life; I said no, for they had to run a considerable distance to dinner, they had the Sundays, and had to run about, sometimes from morning to night; all those circumstances have passed in conversation, and I have on various occasions continued to urge the necessity of greater exercise.

Dr. P. M. Latham, examined.

What reason had you and Dr. Roget for adopting the use of oranges, instead of the use of lemons?—Dr. Roget and myself had no doubt whatever of the antiscorbutic efficacy of oranges; we considered the acid of oranges and the acid of lemons to be essentially the same. It rests upon the best authority that oranges will cure scurvy; I may particularly refer to a paper of Dr. Heberden's, a man of some authority in the Medical Transactions of the College of Physicians, in which he relates several cases of aggravated scurvy in St. George's Hospital cured by oranges. For my own part, all the cases of scurvy I had seen, up to that time, had been cured by oranges, and not by lemons; considering then that oranges were as efficacious as lemons for the cure of scurvy, we gave the preference to oranges as a more suitable article of diet; we considered that, if a lemon was given to each prisoner, there was a chance that he would not eat the lemon, but if three oranges a day were given to each prisoner, it was certain that he would eat the oranges.

Do you happen to have heard whether this disorder has prevailed in Norwich gaol lately, and how it has been cured?—I happen to know for a certainty, that it has prevailed in Norwich gaol, and has been cured by oranges.

Sir Gilbert Blane, Bart., M. D. examined.

What is the difference between the sea scurvy and the land scurvy?—What is commonly called land scurvy, has not the least resemblance to sea scurvy. What is commonly called scurvy, in common language, is a cutaneous disease, it has not the least resemblance to sea scurvy; by some accident in the language they have been called by the same name; land scurvy takes its name from scurf; sea scurvy gets its name from a Saxon word, meaning a sore mouth.

William M. Pitt, Esq., examined.

The Committee have seen, in a letter purporting to be written by you, dated "Dover-street, April 26, 1823," and addressed to Dr. Hutchison, the following sentence:—"I have often lamented the jealousies and cabals amongst the officers, which, from an early period, have been too prevalent in the Penitentiary, and have led to a system of malicious tale-bearing, which I had always hoped

would have been more discouraged." That letter is yours?—It is.

The Committee wish to ask you, upon what grounds you have made this statement?—I had long been of that opinion, and am as much convinced of it at this moment as ever. I am aware, that so strong an expression requires to be supported by facts, or by strong grounds of suspicion. It is very unpleasant to me to be reduced to the necessity of stating, as one of the grounds of that suspicion, communications that I have received from Mr. Holford. Mr. Holford and I, during all the time we have been together on the Penitentiary Committee, have been much in habits of communication; we have seldom disagreed on any points; but this is an exception. I have frequently received communications from Mr. Holford of information that he had received from prisoners, and from inferior officers and servants of the establishment, which have much surprised me; I have always, or at least very frequently, taken the liberty of stating, that I thought information of that sort was highly objectionable, and, as I have stated upon other occasions, that it was very detrimental to the discipline of the establishment. I have certainly conceived that his being so ready to lend a willing ear to such communications, operated as an encouragement to tale-bearing; the consequences of which, certainly, have appeared to me to have been disputes, cabals, or intrigues.

In reference to what you have mentioned, cabals and jealousies among the officers, to what particular officers do you allude? do you allude to them all generally, or to any specifically?—I mean to say it had a general tendency to encourage insubordination, and cabals and intrigues amongst the officers.

Meaning by that, between the governor and the turnkeys, the chaplain, the surgeon, the matron, and the steward?—I do not wish to apply it to any particular individual; but that a system of lending a ready ear to tales that are told by persons in those inferior situations, and especially from prisoners, was likely very much to diminish the respect those persons would pay to their superiors, and tended of course to insubordination from the inferior to the superior officers, and to diminish the respect with which the prisoners would hold their officers in general.

You continue the sentence as follows:—"With all the credit I am disposed to give to the visiters for purity of intention and zeal in the discharge of their duties, I must consider their not having effectually crushed such a system to have been detrimental to the discipline of the institution, and inevitably must be often injurious to deserving individuals;" is the latter part of the sentence, "inevitably must be often injurious to deserving individuals," a suppositious case, or canyou state instances in which individuals have so suffered?—I have very little interfered or inquired into the particulars of those cases, and wish it to stand as rather a likely inference from such a practice.

When you mention the expression, "With all the credit I am disposed to give to the visiters," do you mean generally the visiters, or only Mr. Holford, as one of them?—Certainly, principally Mr. Holford, because I have had much more opportunities of knowing what he has done as visiter, than what any other gentleman has done.

THE LANCET

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THE LANCET.

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SURGICAL LECTURES
DELIVERED BY
SIR ASTLEY COOPER, BART.

Theatre, St. Thomas's Hospital,
Monday Evening,
Nov. 3d, 1823.

Lecture Ninth.

The subject of this Evening's Lecture is Ulceration. Ulceration is the absorption of any constituent part of the body. We have already endeavoured to explain to you, that under the increased action of the vessels which accompanies inflammation, an increased deposit takes place from the arteries; that this deposit is according to the stage of the inflammation, and the part on which the inflammation falls; that the inflammation is either adhesive or suppurative, and that it ends in the one state in the immediate production of the process of adhesion, and in the other in the effusion of a quantity of purulent matter from the extremities of the vessels. But inflammation has not only an influence on the arteries; it has also an effect on the absorbent vessels, which are thrown into a state of inordinate action whenever any considerable quantity of blood is determined upon them. There is a natural balance between the action of the arteries and of the absorbent vessels. In a state of health, and at the adult period of life, the portion of matter deposited by the arteries, and the portion taken into the system by the absorbent vessels, are, as nearly as possible, balanced. In youth, a greater quantity is poured out by the arteries than the absorbents remove; but in age, a smaller quantity is deposited than absorption is taking away. You find, therefore, that the balance is destroyed in a different manner, at different periods of life; but when a considerable absorption takes place of some part of the body, this ab-

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sorption is denominated ulceration. It was formerly thought, that it was necessary to the ulcerative process, that matter should be formed; but this is not the case; for ulceration often occurs without being accompanied by any purulent secretion. The formation of matter is not necessary, therefore, to the process of ulceration. The great cause of ulceration is *inflammation united with pressure.* If the inflammation be considerable, and the pressure but slight, ulceration will be produced; and if the pressure be very considerable, and the inflammation but slight, still there will be ulceration. As a proof, both that pressure is the cause of ulceration, and that ulceration is not necessarily accompanied with the formation of matter, I will give you the example of aneurism. Here, said Sir Astley, exhibiting a specimen on the table, is an example of a large aneurism of the aorta, just above the heart, where you may pass your hand in the hole produced by the ulceration of part of the ribs and sternum; those parts having been absorbed by the pressure of the aneurismal sac, producing increased action of the absorbent vessels. Here the pressure is exceedingly great; but the degree of inflammation is very slight. In the same manner we see an aneurism in the fore part of the spine, producing absorption of the vertebræ by the pressure of the aneurismal bag, though no matter is effused, the ulceration being produced by the pressure arising from slight inflammation unaccompanied by any secretion of matter. From all these facts, we are led to conclude that the formation of matter is not necessary to the ulcerative process; and that it only happens on exposed surfaces of the body, where it is necessary for the protection of sores, by covering the granulations.

The constitutional symptoms of ulceration are slight. In general, a degree of fever attends it; but it is very slight. The pulse is under 100, and at the same time small; we do not find any considerable excitement of the constitution, and the fever is rather of the hectic or chronic kind, than sudden or violent in its attack. It continues sometimes for several days. The pain attending ulceration is not very considerable. If you ask the patient, he will tell you that it is of a gnawing kind, as if there were insects about the part. We may conclude, therefore, that the *irritation attending ulceration is but slight, and the pain not consider-*

able. With respect to the appearance of the ulcerated part, it looks as if it were worm-eaten; the surface is rough, and very irregular. Sometimes a very considerable portion of the body is removed by ulceration.

Here is an example of an ulcerated tibia on the table. See to what an extent ulceration has removed not only the cancellated structure of the bone, but the shell in which that structure is contained. Here is another example in which a great part of the tibia has been removed; the ulceration has extended six or seven inches, so that little more than the fibula of the leg remains: such is the power of the absorbent vessels of feeding, as it were, upon themselves.

The ulcerative process is sometimes extremely rapid in its progress; as much will be destroyed in the course of a few hours as it will require weeks and months to repair. In proportion to the extent of surface destroyed will be the difficulty with which that surface is closed. Something will depend also on the form of the ulceration, and the kind of surface exposed; but the general rule is, that the difficulty of the reparative process is proportional to the extent of surface destroyed.

It is a curious law with respect to the ulcerative process, that it has a tendency to the nearest external surface of the body. This is a law which is attended with the most salutary effects; for, if it were otherwise, the body would very frequently be destroyed by the ulcerative process. In consequence of this tendency, matter formed at a depth in the body finds its way through the integuments, instead of proceeding through the more important parts. Many examples may be given of this law. One of the most remarkable is this:—Matter forms not unfrequently behind the sternum close to the pleura and pericardium, which membranes are extremely thin—not so thick as paper. From the proximity of these membranes it might be expected that the matter would generally open into the pleura, and, by discharging itself into the cavity of the chest, destroy life. Instead of this, however, the pleura undergo no other alteration than that of becoming thick, and while they are acquiring this addition of substance, the process of absorption is going on in the inner part of the sternum, an aperture is formed through it, and the matter makes its way through the bone and integuments

rather than through the pleura and pericardium. The same circumstance takes place with respect to the peritoneum. If matter be formed in the abdominal muscles, the peritoneum is very rarely absorbed to admit the matter into the cavity of the abdomen, but the matter makes its way through the integuments, and finds an outlet on the surface of the body.

So in abscess of the liver, the matter is discharged, not through the skin, which is a more remote surface, but into the cavity of the intestines, whence it is carried off by stool, or discharged into the stomach, from which it is thrown up by vomiting. These effects are produced in the following manner: the surface of the abscess becoming united with a portion of intestine or stomach by the adhesive process, the ulcerative action commences, by which a communication is formed between these surfaces, and the matter is discharged in the manner before mentioned, without danger, or at least not the same danger to life.

The same thing takes place in absorption of the bones. Thus, in ulceration of the tibia, the matter breaks upon the skin; on that surface which is only covered by skin and periosteum. This is a law in part depending on the less vitality and greater irritability of those parts which are nearest the surface of the body. These parts of the body are the most weakly with respect to circulation, and most readily absorbed. I do not mean to say that they are weakly with respect to quantity of blood, for they possess a considerable share of vascularity, but they are weakly with respect to the living powers. The more external parts of the body are more irritable, and more subject to vicissitudes of action from corresponding changes of temperature than other parts of the body. They have less strength of circulation, and, consequently, give way to ulceration more readily than those parts which are more deeply seated, and possess a greater strength of circulation. Another reason is, that the adhesive process goes on glueing the more internal parts, while the external, which are thin and weak, become united to these parts, and in this way form a considerable solid. An instance of this is found in the adhesion of the pleura to a lung, so as to form one structure. It may be considered then as a law of the animal economy, that the ulcerative process has a disposition towards the nearest external surface of the body.

Those parts of the body which are newly formed are more liable to be absorbed than those which have long existed. A part covered by a cicatrix proceeds rapidly to ulceration, because it is more weakly constituted than those parts which have existed longer. The irritability of a part is proportional to its weakness; and the parts which are weak and irritable fall most readily into the ulcerative process. To take a familiar illustration:—When a child labours under symptoms of constitutional derangement in cutting a tooth, why do you lance its gums? You cut the gums not for the purpose of making an immediate passage for the tooth, and procuring immediate relief to the child, but because, when the gum by the adhesive process heals upon the divided part, a cicatrix is produced by this little operation which is very readily absorbed; and the result is, that when the tooth rises the child cuts it with much less pain and irritation than it would otherwise have done. If a man have inflammation in his leg, and this falls near a place where ulceration previously existed, the scar produced by the old ulcer gives way much more readily than the original skin. I have observed that if a patient under gonorrhœa has had an abscess in the urethra which will now and then happen in consequence of suppuration of the lacunæ, or if from that cause he has had an abscess in the scrotum or on the side of the penis, if he should get a second gonorrhœa he will be sure to be attacked with a similar ulcer. Proceed with as much care as you may—guard against inflammation with all possible caution, and yet, if he has had abscess in the first gonorrhœa, it will infallibly return in the same part, if he get a second. One of the most remarkable instances of the readiness with which the process of absorption attacks newly formed parts may be seen in Lord Anson's Voyage round the World a work which I doubt not is generally known to you. It is a most able and entertaining publication, said Sir Astley, and if any student has not read it, I can strongly recommend it to his perusal; for, while professional knowledge should undoubtedly be the first object of your pursuit, general literature should not be neglected, and is so far from being incompatible with that primary object that it cannot fail to enlarge your views, and give efficacy to your professional researches. So intimate is the connexion between every object of useful and scientific

inquiry, that there is hardly one branch of knowledge which does not in some measure throw light and illustration upon another. The circumstance which I am about to mention may illustrate this remark. Lord Anson's book is one of the most valuable works which has appeared on nautical subjects; nor is it without its use as illustrative of a principle in surgery. Lord Anson's expedition to the Pacific Ocean was undertaken with a view of destroying the power of Spain. As he was obliged to sail sooner than he expected, many of the crew which he took out were invalided, some having cicatrices, and others having had fractured bones. In his passage round Cape Horn he encountered very severe weather; many ships were obliged to return; some were lost, and the crews of those which succeeded in getting at last to the Isle of Juan Fernandez suffered great hardships. In doubling Cape Horn the crew suffered severely from attacks of the scurvy; and it was remarked by the Clergyman, who was an observing man, though he knew nothing of our profession, that the men who had had ulcers before were invariably attacked with scurvy in the same parts, and that if their bones had been formerly fractured they became disunited. This does not surprise us, because we know that scurvy is produced by the ulcerative process attacking the gums, causing profuse bleeding, &c.; that the ulcerative process has a stronger disposition towards parts newly formed, and that in this case, therefore, it appeared in parts where ulcers had formerly healed, and disunited limbs where callus had previously formed. When the men got fresh vegetables, &c. on shore, they recovered their health; their bones united, and their sores healed. There cannot be a better example than this for the purpose of showing the readiness with which newly-formed parts ulcerate as compared with the original surface of the body.

The parts more remote from the heart ulcerate more readily than those in the vicinity of the heart. This circumstance led me to say, that when the vital action is feeble, and the power of the circulation diminished, we find a greater disposition to the ulcerative process than otherwise. Thus for one ulcer in the arm, we find twenty in the lower extremities; and you cannot but have observed in going round the wards, the great number of sore legs, those opprobria of our hospitals. In

those parts which are endued with little vital power, ulceration takes place very readily; while in those to which the quantity of blood sent is very small, ulceration takes place with difficulty. This is the case with tendons. Tendinous parts possess very little blood; very few arteries or absorbent vessels are distributed to them. Hence the process of absorption goes on with great difficulty, and tendons will slough to a great extent rather than become absorbed. This circumstance must influence our practice. In abscess under the fascia, an incision should be made as soon as possible through the covering, to liberate the confined matter. So in abscess of the finger, when the constitution suffers because the theca will not give way to the process of ulceration, and the nervous system becomes irritated by the pressure of confined matter, an early incision should be made to liberate the matter, and give relief to the constitution. The same practice should be pursued in abscess of the palm of the hand.

The ulcerative process is useful to the animal economy, in removing extraneous bodies from the system. Thus a ball in the body, a ligature round an artery, are disengaged by the process of ulceration. It is useful also in the exfoliation of portions of bone, in separating parts which would otherwise remain in the body, perhaps for the rest of life. In three or four months a considerable portion of exfoliated bone will be separated by the ulcerative process. You will find a case of popliteal aneurism in the other Hospital, where the leg has sloughed a little below the calf. Almost the whole of the leg has separated, except the tibia and fibula. A very small portion still remains to separate. By my advice nothing has been done to the living solids, and the process of nature is left to take its course. You will soon see that the bones themselves will separate by the process of exfoliation, and thus nature will herself perform the operation of amputation without loss of blood, or any danger to life.

I shall now proceed to the consideration of Abscesses.

Abscess is a collection of matter in a cyst, and this state is produced by inflammation. What happens in the formation of abscess is this: First, there is an inflammation of the adhesive kind in the cellular tissue, with which the different cells of the cellular mem-

brane become filled. A slight ulcerative process takes place, the inflammation still proceeding, and a little cavity is formed by the ulcerative process, a space being left for the effusion of a second stage of inflammation. A drop of matter is secreted into the cavity, and as soon as it is poured out the pressure on the side occasions an increase of the ulcerative process, which adds to the cavity previously formed. Matter is thus produced, and the surrounding solids having a tendency to the ulcerative process it is accumulated so as to lead to absorption of the parts. In the formation of abscess the matter does not produce absorption of all the parts equally round, but it excavates chiefly on the side towards the skin, and very little in the opposite direction; a circumstance which led to the reflection that matter had no power of eroding, as was formerly supposed, when it was thought that matter acted chemically on the solids like an acid or caustic alkali.

Abscesses are dangerous according to the following circumstances:

First, from their size. It is not, however, the quantity of matter produced which renders them dangerous, but the difficulty which Nature has in repairing the devastation made by excavation of the solids, from the pressure of the matter.

An abscess may discharge a quart of matter, and the constitution may have been scarcely affected by it; but very soon after it is opened the constitution begins to suffer. It is not, therefore, the quantity of matter, but the process of restoration after the evacuation of the matter, which affects the constitution. The largest abscesses which occur in the body are those of the liver. Patients will sometimes recover from abscesses of this part, in which immense quantities of matter have formed. I remember one of enormous magnitude, from which the patient recovered. Dr. Saunders, the lecturer in medicine at Guy's, asked me to see a woman who had a large abscess in the side. I made an opening into it with a lancet, and it discharged a surprising quantity of matter, as much as would fill two thirds of a wash-hand basin. I have heard, indeed, of much larger quantities of mater having been discharged. After pressing out the matter, I passed a roller tightly round the abdomen, and brought the parts together, with a view of producing the adhesive process, which now and then occurs. I did not see the patient again, but some days after I met

Dr. Saunders, who asked me how I thought the patient was going on. I told him, I supposed he asked me, because he thought me very sanguine; and he replied, that I should be gratified to learn that the woman was doing extremely well. In fact, the orifice had closed; no more matter was discharged, and the patient got well without any bad symptoms. I have mentioned this case, because it may guide your practice when you are operating upon large abscesses, and show you the propriety of endeavouring to procure the adhesive process, by bringing the sides of the abscess together. Very large abscesses sometimes terminate favourably, but in a great number of cases they destroy life.

The next circumstance which renders abscesses dangerous, is their number. Thus, the great number of little abscesses on the surface of the body, in small-pox, frequently destroy life. Here nature performs the suppurative process; the pustules die away, and the cuticle is separated from the surface of the body; but nature has not the power, in many cases, of repairing the destruction of the cutis; the exposition of the nerves of the skin occasions great constitutional irritation, and the patient dies, as if destroyed by burns or scalds.

Abscesses are also dangerous, from their being situated in vitally important parts, such as the brain, heart, or lungs; or when they are not seated in parts of vital importance, from their pressure on essential organs. A woman was admitted into this Hospital for a complaint in the throat, occasioned by swallowing a pointed bone. All she complained of at first, was a soreness in the throat; but she was shortly after seized with difficulty of breathing, which increased greatly, and she died. On examination after death, I found, upon making an incision into the pharynx, that between it and the fore part of the vertebræ, a large abscess had formed, which, by pressing the pharynx forward on the epiglottis and glottis, occasioned difficulty of breathing, and in the end destruction of life. Shortly after this, Dr. Babington came to this Hospital with a friend of his, who was labouring under great difficulty of breathing. He requested me to examine his throat: having put my finger on the back of the pharynx and felt fluctuation there, I told him that this was a case, of which I had seen an instance, where the patient had died from a collection of matter formed in the

same situation. I immediately procured a seton needle, and including it in a canula, like a trocar, I put it down into the pharynx, let out a considerable quantity of matter, and the patient was relieved. Here was a case, which, but for this operation, would probably have terminated fatally, by the pressure of the matter on vitally important parts. In the same manner, abscesses in the perineum, or between the prostate gland and the rectum, will, by their pressure on the urethra, occasion irritation of that part, and sometimes complete retention of urine. Thus, we find that abscesses, though situated in parts not of themselves vitally important, sometimes become dangerous by their pressure on more important parts.

St. Thomas's Hospital.

Wednesday Evening, Nov. 5, 1823.

Lecture Tenth.

At the conclusion of our last Lecture, Gentlemen, we stated the danger attending the formation of Abscesses, the danger from their size, number, and pressure on important parts; and lastly, that when they formed in important parts themselves, they generally proved destructive to life. Another danger which we did not then mention is, when abscesses occur between bones and the covering of bones. Whenever bones form the boundary of abscesses, such abscesses are exceedingly tedious, and in most cases dangerous. Thus it is in psoas abscess: in this disease the matter begins to collect on the fore part of the vertebræ, and proceeding through the hollow of the psoas muscle till it reaches the groin, where it makes its appearance just below Poupart's ligament; and from examination of these cases after death, the vertebræ are found ulcerated. It is not my intention this evening to enter into the consideration of psoas or lumbar abscesses, as they will be treated of on another occasion, but I just mention the complaint to show the danger of abscesses between bones and their coverings; and the reason of it is that the process of exfoliation takes place, and they then become very long and tedious in their progress.

Abscesses are acute or chronic. The common course an acute abscess takes is three weeks. The adhesive inflammation first begins;

this is succeded by the suppurative; and lastly, the ulcerative process comes on; and it is generally three weeks from its commencement before matter is discharged. But chronic abscesses are slower in their march; take, for instance, the psoas abscess to which we have alluded; it is often six months before matter makes its appearance in that complaint. If a person comes to you with a psoas abscess, and you ask how long he has had pain in his loins, he will tell you for four, five, or six months past; seldom less than four, and generally for the space of six months.—There are varieties in the irritability of different constitutions, but if you see a man with swelling in the groin, which when he coughs redounds under your hand, and has a fluctuating fleel, and who has had for four or five months pain in his loins, you will say that it is psoas abscess; so these are the criteria by which you are to know it. Chronic abscesses sometimes occur in the female breast. A lady was sent to me from Sussex some years ago, to have her breast removed: knowing the surgeon who had recommended this person to me to be an intelligent man, I did not attentively examine the breast, but said to the lady, I will call on you soon, and perform the operation. I fixed the day, and was about to perform the operation, the patient being seated in a chair before me, when I said to the gentleman (Mr. Edwards) who was assisting me, I think that I feel a sense of fluctuation here, at least I will not proceed to remove the breast till I have ascertained whether it be matter. I took a lancet, and made an opening into it, and out gushed a quantity of matter. Thus a chronic abscess had existed in this part for a considerable time. Very lately, while going round Guy's Hospital, one of the young gentlemen, or, I believe, Mr. Key, brought me a woman who had a chronic tumour of the breast. On examining it, I perceived a slight fluctuation, and stated that most probably it contained matter, but was told, in reply to this observation, that it had existed for four or five months; I said, however, it did not signify—asked for a lancet—made a puncture into it, which let out a quantity of matter; and went away smiling. I merely mention to you these cases to put you on your guard: for I have seen breasts removed, which were only chronic abscesses; and thus, from an ignorance of this circumstance, you might put your patient to a cruel

operation, where a small incision would have done.

In the treatment of acute abscesses, the best medicine you can give is the liquor ammoniæ acetatis, sulphate of magnesia, and opium; six oz. of the first, one oz. of the second, and a drachm of opium. By this medicine you lessen irritation, and expedite the suppurative and ulcerative processes; no medicine that I have observed, under such circumstances, gives so much relief. The sulphate of magnesia prevents any costiveness from the opium, the opium tranquillizes the nervous system, and lessens pain. The local treatment consists in the application of fomentation and poultices: and why use both these remedies? To promote heat and moisture, a greater quantity of blood is sent to the part, and a relaxation of the vessels takes place; this expedites the suppurative process, and that done, the ulcerative process takes place with more ease. The kind of poultice to be applied to the part is of little importance; linseed meal and water, bread and water, &c. No stimulating application would do; the object is to preserve the heat and moisture of the part and to prevent evaporation: let the part be enveloped in oil-silk, for, by its assistance, the heat of a part is preserved, and evaporation prevented. It is desirable in the suppurative process, to prevent evaporation; oil-silk is what is generally used then in private practice, it is clean, agreeable to the patient, and most conducive to his comfort. Before proceeding to the consideration of Chronic Abscesses, I will say a few words on the opening of abscesses. If an acute abscess goes through its different stages without any interruption, the best practice is to leave it undisturbed. Acute abscesses, beginning under aponeurotic faciæ, ought to be opened as early as possible, the earlier the better; the moment one drop of matter may be felt to fluctuate, it is advisable to make a free opening in it, both as it regards the constitution and the part. Whenever the matter can be felt close to bone, it will be right to open it, excepting in cases where it may occur, from severe courses of mercury, between the cranium and pericranium. Mercury will inflame the periosteum (and the pericranium is a part of the periosteum) to a greater degree than the venereal disease itself; and in those cases where a fluid exists between the pericranium and bone, unattended with any blush, do not open it; it will, by purg-

ing, and giving bountifully the decoction of sarsaparilla, be removed. But when matter is formed, and there is a blush, it will not be absorbed; an opening must be made, exfoliation will often take place; but where there is no blush, beware of opening the abscess.

Now, Gentlemen, the treatment of Chronic Abscesses will be very different from those of the acute kind. In the last case you wish to diminish the state of excitement in the constitution; and in the former you do all you can to give it additional powers by allowing generous diet, and giving the ammoniæ and bark; the ammoniæ is the medicine on which the principal reliance is to be placed. You know that of late bark has not been much used; but people are apt to run into extremes—bark assists the suppurative process; generous diet must be allowed, in order to increase the action of the parts, by giving tone to the constitution. Stimulant poultices should be applied to the part, and the best I know is the muriate of soda (common salt) and water, a meat-spoonful of the salt to a pint of water, and the poultice should be wetted with this; yeast and oatmeal, vinegar and flower, each of these expedite the process of suppuration. In indolent cases it is customary to apply stimulant plasters, and the best I know is the empl. galb. comp.; it is stimulating, and conseqnently excites the action of the part—the emplast. ammon. cum hydrarg.; the emplast. thuris comp. is also used; this, however, is more tranquillizing, and in general excites slight perspiration over the part; similar in its operation to the soap cerate, which is also of use. These, then, Gentlemen, are the remedies, local and constitutional, to be used in chronic abscesses; but it remains now to be considered how to treat chronic abscesses, when it becomes necessary to open them. I shall now proceed to tell you:—Suppose you are called to a case where there was a collection of matter under the fascia lata of the thigh (the largest in the body), extending, as it often does, from just above the knee to the trochanter major, what would you do? open it certainly—make an incision half an inch in length and squeeze out all the matter you can. Having done this, apply a roller, making the turns all over the thigh, with the exception of the opening; the result of this is, in many instances, that adhesive inflammation is excited, and the sides of the cavities often readily united; always taking care in the applica-

tion of the pressure to leave the mouth of the wound uncovered. The same directions are to be attended to in collection of matter, which are to be met with under the tendinous expansion which covers the muscles of the leg and fore-arm; the object is to endeavour to produce the adhesive inflammation, just as in the case of abscess in the liver, that I stated to you on the last evening, from which the matter was evacuated by the puncture of a lancet, and afterwards by means of pressure; the adhesive inflammation took place, and the recovery of the patient was the consequence. This, then, is to be your practice, to endeavour to procure a union of the sides of the cavities by the adhesive process. Another reason for the early discharge of matter, is the prevention of scars, particularly in exposed parts of the body. This may appear to you of little consequence, but I tell you it is not so; scars, from abscesses in the neck of females, excite in the minds of most of our sex a reluctance to associate with them, and thus many a fine young girl, may, for these blotches and scars, be doomed to perpetual celibacy. No part of the practice of surgery has been so bad as the manner in which wounds on the neck have been treated. I have seen on one side of the neck large scars from old wounds that had been badly managed, whilst on the other side, where the treatment had been more skilful, scarcely any vestige of a wound was to be seen. I have, from very early in life, and subsequent experience has proved to me its use, been exceedingly careful in the management of these cases. Aperients, with calomel and rhubarb, should be given; evaporating lotions should be used: you must be strict as to diet and regimen; for though the patient be debilitated, he must be made still weaker. The best mode to adopt in these cases, is to open the tumours before the skin be much affected, and before a blush has appeared, and scars will in general be prevented. It is desirable, in opening the tumours, to use a very fine knife, for two reasons:—1. A small opening is made; 2. It does not alarm the person. The knife I always use, is the one contained in the eye case, for cutting up the cataract, the blade one-sixteenth of an inch wide, and it appears to the patient as a needle. When you press the sides of the wound, take care to squeeze out all the solid flakes of matter to be met with in scrofulous tumours. If this be not attended to, they will

at last slough; but if, on the contrary, you carefully avoid leaving any of that unorganized substance, adhesion will take place, and the wound heal up. Every thing in these cases depends on getting rid of the solid matter. Bread poultices, wetted with a sulphate of zinc lotion and spirits of wine, may be used afterwards. Whilst living at Broad Street, in the city, a lady came to me with a a tumour in the side of the neck; I perceived on the opposite side several scars; I said, will you allow me to try if I can prevent a scar here; she answered, it was for that purpose she had consulted me. Warm poultices had been used on the previous occasions, with which I would have nothing to do in this, and she got well with scarcely a pimple to be seen. It is of the highest importance, then, to endeavour to prevent those appearances, which, on the exposed parts of the body, produce such painful feelings In the higher orders of life particularly, a child with scars and blotches on its neck, would be secluded from society. Now, Gentlemen, there is a point of great importance to be attended to, viz. the direction in which you make the opening; always make it transversely, and not in the axis of the neck, for when the wound heals, it will be scarcely seen among the creases or folds of the neck. One more observation on this subject: let me entreat you not to open these tumours when they have a blush on them like the hue of a grape; the veins are in a dilated state, and if you open the tumour, you will bring discredit on yourself. If the edges of the wound should not unite in any part, a little injection of sulphate of zinc or copper may be used.

There are two other points connected with this subject, which I will mention to you, and then I shall have done.

1. The causes of hectic fever. You are all aware that a continued fever, *i. e.* rigours followed by heat, and a sweating stage, succeeds the formation of matter; these are taking place once or twice in twenty-four hours, according to the irritability of the part and constitution; and had it been asked thirty or forty years ago, on what it depended, it would have been said, absorption of matter into the constitution; and some of the old surgeons used to put sponge to the mouth of wounds to absorb the matter, and prevent its being carried into the constitution: but, Gentlemen, it appears to have no power on the consti-

tution. There is no doubt, certainly, but the inoculation of putrid matter, will, as we often see, sometimes prove fatal; the proofs that the absorption of matter into the constitution, does not produce fever, are, 1. It is not during the formation of matter, that the fever comes on, for never till after the abscesses have broken, is the patient attacked with it; certainly, the formation of matter will be attended with a slight fever, but not of the hectic kind; the tongue will be clean, the pulse very little affected, and the person very slightly deranged; but after an opening is made into the part, constitutional irritation sometimes comes on, and life is then endangered.

2. The degree of hectic fever is not at all proportionate to the size of the surfaces on which the matter is placed. Look, for instance, at a large wound on the leg; the person will be going about with it, and feel little or no inconvenience: whilst a sore on the lungs of a size of a crown produces hectic fever of the most violent kind. On one part it is very considerable, on another it is very slight.

3. Hectic fever comes on when no matter has formed. A woman who had her leg amputated, came into the Hospital for a pain in the knee on the same side; the symptoms of constitutional irritation were so severe that in consequence Mr. Chandler held a consultation: the knee-joint was a little enlarged, violent pain in the part, and great constitutional disturbance existed. Amputation was now performed above the joint, and after the operation I had an opportunity of examining the limb. There was no formation of matter in the knee; in the condyles, however, of the thigh bone the ulcerative process had commenced; and the hectic fever was the effect, in this case, not of a disease of the knee-joint, but of the cancellated structure of the thigh bone. In those cases also where matter has been absorbed, no hectic fever has come on. Some years ago my old friend Mr. Cline thought that psoas abscesses might be cured by causing the absorption of the matter. From the case of Dr. Saunders, which occurred at that time, he tried the effect of digitalis on a boy of 16 years old, who had a psoas abscess: the size of the tumour diminished, the skin became flaccid, but as soon as the digitalis was left off the matter returned again, and during the trial of the medicines the pulse

was lessened, and the boy a little weakened; symptoms which, as you well know, are produced by digitalis. But during this time no hectic fever came on; therefore, the belief of the absorption of matter being the cause of hectic fever is unfounded.

The last circumstance that I shall mention, is the influence which the admission of air into cavities has in producing local irritation. Now, from what I stated concerning the absorption of matter into the constitution, I think you will have readily followed me; whether you have or not I don't care; it is my duty to state to you my opinion, you must think for yourselves; only don't rest contented with thinking: make observations and experiments, for without them your thinking will not be of much use. The circumstance, however, about the admission of air into abscesses when they are opened not producing local irritation, will be less readily understood. When an opening is made into an abscess, very little irritation supervenes till the third day; I say the third day, because it is not till then that constitutional disturbance takes place. If asked whether air has any influence in producing local irritation, you may answer, Yes; but I say that it is not the case. Old surgeons, in their opinion on this subject, maintained that it was the admission of air which produced the local irritation attending the opening of abscesses; and endeavoured to cure hydrocele by inflating it after the evacuation of the water. But what was the consequence? when the air became absorbed, the adhesive inflammation did no take place, and the hydrocele returned. Again, experiments have been made on animals: wind has been blown into the cellular membrane of a dog; nothing but a temporary stiffness from the distention of the skin takes place, and when the air is absorbed the crackling goes off without the adhesive inflammation. Dr. Haighton made an ingenious experiment some years ago: he inflated the abdomen of a dog from an opening in the tunica vaginalis; and this mode of doing it evinced his knowledge, for in the dog and many other animals, there is a communication with the abdomen from under the tunica vaginalis. The dog was let loose; he was stiff for a few days, but when the air was absorbed he became quite well. I know a curious circumstance which took place at the depôt at Norwich; it was during the time when persons were drawn to serve

in the army: a man, unwilling to become a soldier, came to the surgeon, and said that he had a large rupture, which disabled him; he showed it, and the surgeon sent him away. This man had made a puncture just above the pubis, and inflated it with a brass blow-pipe; the man himself mentioned it to a surgeon at Yarmouth as a joke. What takes place when air is admitted into the cavity of the chest? an air cell gives way, the wind goes into the cellular tissue, the face and body become bloated up, but is afterwards removed by absorption, without producing any inflammation; thus a person who holds that the admission of air into cavities produces the irritation attending the opening of abscesses, takes a narrow and partial view of the case.

The stomach of a dog that died of hydrophobia was exhibited to the class: the æsophagus was inflamed, and the internal surface itself very red; there were also deposits of coagulated blood between the mucous and muscular coats, an appearance which Sir Astley said, had always been observed in dogs that had died of this complaint;—the animal had unfortunately bitten four persons, who were under medical treatment.

MEDICAL AND SURGICAL INTELLIGENCE.

LONDON PHARMACOPŒIA.

The Medical Repository for this month contains some critical remarks on the London Pharmacopœia of 1809, and the altered edition of 1815, &c. written by Mr. Sprague.

The writer, previously to considering the Pharmacopœia, suggests the propriety of the London College taking into consideration the present weights used by the apothecary, and for this purpose recommends to its attention some observations, to be found on the subject in Mr. Gray's Elements of Pharmacy. The fact is, that apothecaries buy their drugs and sell them by avoirdupoise weight; but those they dispense; i. e. prescribe or prepare according to prescription, are required to be weighed by apothecaries' weight; and thus the same individual is obliged to use two different kinds of weights in cases where one would have answered all that could be wished for. But it happens that medicines above a qr. oz. are not in all cases dispensed, as is generally supposed, by apothecaries' weight; and this arises from there scarcely ever being a larger weight than the quarter of an ounce (two drams) given with the scales and weight used by apothecaries. When medicines, therefore, are ordered in quantities less than a quarter of an ounce, they are prepared by apothecaries' weight, when above that quantity by avoirdupoise. The confusion

likely to result from this complication is of a very serious nature. The use of weights and measures is to determine certain quantities, and in proportion as they are intelligible so will they be useful; for this reason it is desirable that a fixed system of weights and measures should (if practicable) be established all over the world; but it is of the utmost importance that in the dispensing of medicines no ambiguity should exist as to the quantities meant by certain signs, for on a correct knowledge of them will in many cases depend the lives of individuals.

The writer then proceeds to the consideration of some of the various articles and preparations of the London Pharmacopœia. The defects of the College Pharmacopœia may be ranked under three great heads:—1st, It takes no notice whatever of several medicines, the usefulness of which has been ascertained beyond the least shadow of a doubt; —2d. No officinal preparations of a great number of articles already in the Pharmacopœia have ever been given by it.—And 3d. The chemical compositions of many of those that are given are far from being correct.

The first of these defects will always exist to a greater or less degree in every one of the College Pharmacopœia; it must be recollected, that several years elapse between the appearance of each, and therefore it is more than probable that a variety of medicines will be discovered in the intervals. In an age like the present, when such a host of new remedies is continually presented to the notice of the public, we are aware that caution must be exercised before they receive a place in the Pharmacopœia; but let the College examine into their merits, and, superadding the result of their own observations to that of other individuals, let them decide accordingly. There appears, however, to be on the part of the College, a greater disposition to keep in their Pharmacopœia medicines which are totally inefficient, than to give place to new remedies, which the observation and experience of individuals out of their body prove to be valuable.

Mr. Sprague has given a list of nine substances, with a short notice of their qualities, accompanying which, we find the cubebs, iodine, crotonoil, &c. We hope that in the next edition this ground of complaint will at least be removed.

2dly, That there should be no officinal preparations of medicines which the College has recognised, is rather surprising. By officinal preparations are meant those forms of medicine which, from their nature, are capable of being kept in the shop for any indefinite period; among these are tinctures, confections, masses of pills, &c., from which at any time, extemporaneous formulæ can be prepared. A Pharmacopœia is a book of reference, and a person, in referring to any particular medicine enumerated in it, looks in order to know what preparations of it may with safety be used; this, however, the College has not thought fit in many cases to make known, for what reason we are at a loss to conceive.

The third defect, viz. the inaccuracy of several of the official preparations and compositions, is the most serious evil: the rapid

advances that have, of late years, been made in the science of chemistry have made us so much better acquainted with the substances used in medicine, that the chemical composition of many of the preparations formerly thought to be accurate, is found to be quite the reverse, and the nomenclature of many of the preparations to be incorrect. This part of the subject the writer has illustrated by an analysis of several of the preparations contained in the Pharmacopœia, and in those which are chemically incorrect suggests such alterations as will obviate all the evil now complained of: take, for instance, the liquor ferri alkalini (solution of alkaline iron), which, independent of the absurdity of its name, can never be exhibited without decomposition; as a substitute for this preparation, the writer gives a formula for preparing the liquor ferri oxygenate (solution of oxygenated iron), which forms an elegant and valuable chalybeate. Again, those medicines which derive their names from the substances which they contain, and the composition of which substances is now known by the aid of recent analysis, to be different from what they were formerly supposed, are consequently now called by names which, at present, are quite absurd; thus, since chlorine has been ascertained to be the base of muriatic acid, all those substances, now called muriates, ought to be called chlorates; therefore the name of hydraogyri oxymurias (oxymuriate of mercury) is at present improper, and should be changed for *deato-chloride* of mercury, which most judiciously designates its chemical character. These and various other useful alterations, the writer in this article throws out for the consideration of the College.

That a body with such high pretensions as those to which the College lays claim, should be tardy, and even unwilling, to correct any errors which may happen to exist in its Pharmacopœia, must very much tend to lessen the respect and dignity it wishes the profession to entertain for it. Particularly as every one may see that private individuals, one after another, in rapid succession, have long ago pointed out mistakes which the College have left uncorrected, nay, even unacknowledged. When we consider that the College of Physicians is a corporate body, and that the motives which operate on private individuals act with comparatively little force on such bodies, we shall have no difficulty in accounting for the extreme reluctance the College feels in correcting any mistakes which it may have committed.

ACUPUNCTURATION.

Much has lately been said of the efficacy of this remedy in various affections; and well-marked cases in which it has been decidedly beneficial, have been published to the world. In rheumatism, trismus, anasarca, it has been tried, and with success. The facility with which it may be used, leads us to hope that this remedy may meet with a trial from many intelligent practitioners, who may give to the profession a fair and important result of

their observations. Acupuncturation is a remedy of very ancient date. In the philosophical transactions for 1683, is a notice of a book written by Dr. Ryne, in which an account is given of the pathology of gout, and the various means that the Japanese made use of at that time in the treatment of their complaints, among which is Acupuncturation.

It may not be uninteresting to our readers, to give an account of the various affections in which they employed it, a description of the instrument, and the mode of using it.

"The needle is made long, slender, sharp, of gold, or at least silver, with a wreathed handle.

"It is to be conveyed either by the hand or a little mallet into the part gently, a finger's breadth or more, as the case requires, and to be held there the space of thirty breathings, (if the patient can bear it,) otherwise repeated punctures are rather used. The puncture must be when the party is fasting; deeper in a great than less disease; in old than young men; in grown persons, than in those that are lean and slender; in fleshy parts, than in nervous. The needle is chiefly used in diseases of the head and lower belly, and is applied to the head in head aches, lethargies, convulsions, epilepsy, diseases of the eye, &c. The womb itself may be perforated, *(the Japanese affirm)* and the fœtus wounded, when its motions are enormous, and threaten abortion. In these cases the needle must be applied, whence the distemper arises; to the stronger on the back, to the weaker on the abdomen. When the pulse scarce is perceived, the puncture must be made in the armes, a little besides the veins. The chirurgeons keep by them images, wherein all the places in the body proper for the needle, are designed by marks. The author himself was an eye-witness of the use of this puncture on a souldier, who, being afflicted with violent disorders of stomach, and frequent vomitings at sea, suddenly relieved himself by pricking a thumb's-breadth deep into four different places about the region of his *pilorus.*"

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*A Case of Bronchocele.** By H. Shuckburgh Roots, M.D. *Physician to the Carey Street Public Dispensary, and to the St. Pancras Infirmary.—Read Dec.* 10, 1822.

[From the Medico-Chirurgical Transactions.]

I am induced to offer the following case to the notice of the Medical and Chirurgical Society, in the hope that it may not prove altogether unworthy of their attention, illustrating, as it does, the advantage to be obtained from the use of Iodine, as a remedy in the cure of Bronchocele.

In the summer of the year 1820, being resident during a few weeks in the country, I was consulted by the friends of a young lady, relative to a tumour in her neck, of which the following are the particulars.

Miss ——, ætat. 19, tall of stature, with light blue eyes, fair hair, and transparent skin, and inheriting from her father a disposition to scrofula, has had for

* An enlargement of the thyroid gland. A tumour on the forepart of the neck. This disease is very common in Derbyshire, and has therefore been designated "Derbyshire neck."—Ed.

the last two years an enlargement of the thyroid gland, which within the last three or four months has increased considerably, and at times occasions her a good deal of uneasiness, particularly when bending the chin towards the sternum, or in singing, and laughing, or upon using any considerable exertion. Both lobes of the gland are enlarged, the left rather more than the right, and upon the whole, the size of the tumour may be compared to that of a moderate sized orange, flattened.

I directed eight leeches to be applied to the tumour twice a week, and prescribed fifteen grains of the carbonate of soda to be taken three times a day. My patient persisted in the application of the leeches, and in the use of the soda for three months, without any material alteration in the size of the tumour. At this time I again saw her, and finding her unwilling to persevere in so frequent an use of the leeches, I directed her to take a drachm of the burnt sponge three times a day, and to apply the leeches once in a fortnight. This she adhered to also for about three months, and, upon my visiting her at that period, I found the tumour exactly the same in size as when I first saw it. Wishing then to try the effect of friction, I ordered her some of the linimentum saponis, and directed a small quantity to be rubbed gently into the tumour for a quarter of an hour at each time, night and morning, and at the same time to continue the use of the burnt sponge. This plan she readily submitted to, and it was steadily adopted for three or four months, but without at all diminishing the size of the tumour.

My patient now began to be tired of attempting any remedy, and I advised her to do nothing more than once in three or four weeks apply eight or ten leeches, hinting at the same time, that if it should at any time show a disposition to increase materially, she might have recourse to the passing of a seton through the tumour, as recommended by Dr. Quadri; though, under the present circumstances of her case, I did not feel myself warranted in advising her then to undergo the operation.

Having been present at a meeting of this society last winter, when Dr. Roget read a letter from Dr. Coindet relative to the cure of some cases of Bronchocele by the use of iodine, I determined to try it on the above patient; and in the latter part of the month of January of the present year, the tumour being somewhat increased in size, she began the use of it in the following proportions:—Potassæ Hydriodat. gr. xxxiv. Ceræ albæ ʒij. Adipis Suillæ ℥iss M. the size of a garden bean, to be rubbed into the tumour night and morning, for ten minutes at each time.

She continued the use of ointment for five weeks, during which time no pain had been produced in the tumour by its application, and at this time I visited her, and upon measuring her neck, (I having measured it accurately, prior to the use of the iodine,) I found it had diminished in its circumference three quarters of an inch. I then ordered her to persevere in the use of the ointment, increasing the proportion of iodine from thirty-four, to forty-four grains, and directed her to abstain from its use, in case any

inflammation should arise in the tumour. After using this ointment four or five times, the tumour became tense and painful, and the integuments inflamed; the use of the ointment was accordingly omitted, eight leeches were applied to the tumour, and a dose of the sulphate of magnesia was given to her: the inflammation was speedily abated, and in a week she resumed the use of the ointment; and as no pain was again produced, during its use, for several weeks, I again increased the proportion of iodine to fifty grains, in which proportion she continued to use it, without any pain, until the latter part of July, when I had the satisfaction of finding, that the tumour on the left side had entirely disappeared, whilst that on the right side was also very materially lessened.

Wishing then to try the internal exhibition of the medicine in conjunction with the external, I directed her to continue the use of the ointment, increasing the proportion of iodine to fifty-six grains, and also to take twenty drops of the tincture of iodine three times a day, in a glass of water. As my patient resided some miles from London, I was prevented from seeing her again until the first of the present month, when I had the pleasure of finding her perfectly well, the tumour on both sides having entirely disappeared. She was unable to take the iodine internally, so often as three times a day, in consequence of its having produced sickness and pain in the stomach and intestines; but she had continued to take it twice a day for about six weeks, and had taken it then once a day until I saw her, although she had discontinued the use of the ointment for more than a month, as the swelling had entirely subsided.

I am well aware that too much stress ought not to be laid on the successful issue of a solitary case, but as it is confirmatory of others similarly and successfully treated, I cannot but consider that Iodine is a most valuable remedy in a disease where so many different remedies have been tried, and found useless; particularly, as I have at this time a patient under my care suffering from a very considerable bronchocele, but which has very materially diminished under the use of this medicine, the result of which case I shall, at some future period, have the honour of relating to the Society.

Grenville-street, Brunswick-square, Dec. 3, 1822.

GUY'S HOSPITAL.

Nov. 7th, 1823.

During this week several accidents have been brought into this Hospital, among which were a fractured tibia and fibula, fractured patella, and an injury to the left hand of a lad who was obliged to have the little finger and its metacarpal bone removed, as well as the middle and ring fingers, together with part of their metacarpal bones, and the first joint of the index finger. The two last accidents are doing well; but the patient with the fractured leg has, since his admission, been obliged to have his water drawn off, and to-day his pulse was irregular; full; 78; thirsty; tongue furred;

pain, on pressure, in the epigastic region; bowels had not been open since the accident happened, which was on Wednesday last, Nov. 4. Is allowed animal food; keeps his leg, which is placed in an extended position, with lateral splints, wet with spirit wash; has taken no medicine.

Operation.—At two o'clock this afternoon, Friday, Nov. 7, a man, J. M. aged 55 years, who had suffered from gravel for two years, underwent the operation for stone, which was performed by Sir Astley Cooper, who removed a calculus of rather small size from the bladder. In the evening after the operation, he was very easy, and going on well.

ST. THOMAS'S HOSPITAL, *Nov. 7th*, 1823.

At one o'clock, this day, the operating theatre was crowded to excess; and at a quarter past one, a boy, a slight history of whose case we give below, was placed on the table to be cut for the stone.

The lad, J. H., six years of age, was admitted into the hospital Oct. 30th, 1823, under the care of Mr. Travers. For two or three years past he has been affected with pain in making water, but within the last twelve months has been getting much worse, and at present feels a frequent desire to void his urine, which, however, he can never do without feeling excruciating pain in the lower part of the abdomen, top of the penis, and down the thighs; the urine is high coloured, and stains the clothes. Has a very voracious appetite; tongue red and moist; pulse small and 144. The operation was performed in perinæo, and a stone of the size of a pigeon's egg was extracted. The instrument used for opening the bladder, was a gorget, cutting on one side only.

TALIACOTIAN OPERATION FOR A NEW NOSE.

After the child had been removed, a man came into the theatre to undergo an operation, which, though not entirely new in the annals of surgery, had never been performed (we believe) at the Borough. The operation was that for an artificial nose; and the person on whom it was performed was about 34 years of age, stout, of short stature, with a broad face, and the nose completely destroyed. Had taken large quantities of mercury during the last two years for syphilis, and about twelve months ago his nose first became diseased, since which time the disease has been gradually spreading, and at present the septum is nearly destroyed, and exfoliation of a great part of the nasal bone had taken place. The man was placed on the table, flat on his back, with the head a little depressed; the first step of the operation was to remove the diseased parts, and pare the edges from the old nose; after this, a portion of integument, previously marked with ink on the left side of the forehead, of an irregular shape, was detached from the surrounding skin, with the exception of a small piece between the eye-brows. The integument was then brought down over the face, in the situation of his former nose, the point by which it was joined to the forehead being twisted, in order that the part which was internal before

its detachment might be so also in its new situation; the skin was modelled to the shape of a nose, and confined in its proper situation by five sutures; strips of adhesive plaster were placed longitudinally on each side of the nose, then a compress of lint over each, and a strip of adhesive plaster over them again; two dossils of lint were introduced into the newly-formed cavity for the nostrils; and, lastly, pressure, by means of adhesive straps, was made on the upper part of the nose, where the integument was twisted. The spot from which the skin was removed, was dressed with simple dressing and sticking plaster. During the operation, the patient was often obliged to raise himself from the table for the purpose of spitting out the blood which got into his mouth, a circumstance which retarded it a little. The operator was Mr. Travers; and the whole was completed in less than half an hour. This operation is called the Taliacotian, from the name of its original inventor.*

"So learned Taliacotius from
The brawny part of porter's bum,
Cut supplemental noses, which
Would last as long as parent breech;
And when the date of nock was out,
Off dropp'd the sympathetic snout." †

The modern operation has, however, this advantage over the Taliacotian method; that the patient is not exposed to the liability of losing his nose by the dissolution of another man's posteriors.

ST. BARTHOLOMEW'S HOSPITAL.

There have been admitted here, in the course of the week, four accidents. Two of these were men having fractured legs; they are doing well. Another case was that of a boy with a fracture of the cranium, occasioned by a wheel passing over it; he died in about thirty-six hours after his admission.

The other case was a man, whose arm and side had been dreadfully torn by the wheels of a flatting engine, used in the preparation of gun barrels. He was received into the Hospital on Wednesday evening; and his injuries were so numerous that he died before five o'clock the following morning.

ST. GEORGE'S HOSPITAL.

The only accidents of any importance which have been brought here this week, are two cases of fracture—one a fracture of the

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* Gasper Taliacotius was born at Bononia, A. D. 1553, and was professor of physic and surgery there; he died 1599. His statue stands in the Anatomy Theatre, holding a nose in its hand. He wrote a Treatise in Latin called *Chirurgia Nota*, in which he teaches the art of ingrafting noses, ears, lips, &c. with the proper instruments and bandages. This book has passed through two editions.

† Voltaire adds a joke of his own in his version of this passage, which may amuse some of our readers.

Ainsi Taliacotius,
Grand Esculape d'Etrurie
Repara tous les nes perdus,
Par une nouvelle industrie:
Il vous prenait adroitement
Un morceau du cul d'un pauvre homme,
L'appliquait au nez proprement:
Enfin il arrivait qu'en somme,
Tout juste à la mort du prêteur
Tombait le nez de l'emprunteur,
Et souvent dans la même biere,
Par justice et par bon accord,
On remettait au gré du mort
Le nez auprès de son derriere.

thigh bone, the other a fracture of the tibia and fibula.

Operations.—On Monday last, Mr. Keate removed a leg, and today, a tumour of the breast. This morning Mr. Brodie amputated a leg.

MIDDLESEX HOSPITAL.

CASE OF STRANGULATED HERNIA.

M. N. aged 47, *a Blacksmith.*

This man was brought into the Hospital, about 12 o'clock on Friday night, Oct. 3, 1823. The account he gives of himself is, that he has had a rupture for several years past, but until now he could always replace it himself.

Had worn a truss, in consequence of which the rupture had not come down for the last six months. However it came down about 3 o'clock the day abovementioned. Was not exerting himself particularly at the time, though on the day previous had been hard at work.

A surgeon saw him about 8 o'clock the same evening—he bled him largely, and attempted to reduce the Hernia, but without success. He was then brought into the Hospital, and the House Surgeon immediately made an attempt to reduce it; but failing, he placed the patient in the warm bath, and again attempted the reduction by compression of the tumour for the space of half an hour. This failing, a note was sent early the next morning, Oct. 4, to Mr. Chas. Bell, the surgeon of the week. By this time the symptoms had become more pressing, the pain in the tumour had considerably increased — tension of the belly, and frequent vomiting. It had, at this time, the appearance of a Scrotal Hernia. The scrotum on the right side was occupied by a tumour, the neck of which extended upwards, and outwards in the course of the spermetic passage, and in a direction towards the superior spinous process of the ilium.

Cathartic clysters were ordered.

Compound extract of colocynth one drachm and half, soft soap one ounce, boiling water twenty-four ounces, a clyster.

The surgeons having failed in reducing the tumour by that degree of continued pressure which they conceived to be safe, resolved on the operation.

The pubes being shaved and every thing in readiness, the operation was performed about 1 o'clock.

An incision of a semicircular form was made *obliquely* across the neck of the tumour; and not as *usually* recommended in the length of the tumour.

This flap was dissected up towards the belly, with the forceps and scalpel. In this incision the pudica externa was divided, which gave out its blood so freely as to require to be taken up.

The facia superficialis was divided, and also those fibres which descend from the pillar of the ring.

As the incisions became deeper, the director was used. This instrument being pushed firmly under the layers of membrane, the probe-pointed bistoury was run along it. In this manner the proper peritonial sac was exposed. It was opened by pinching it up with the forceps, and carrying the edge of the scalpel horizontally. The moment it was opened, there flowed

out an unusual quantity of dark coloured serum. The quantity of this fluid was so great as to distend the scrotum, and to give the Hernia the appearance of a Scrotal Hernia, which, in fact, was only inguinal, inasmuch as the intestine did not descend further than the groin. The directory was introduced into the small hole made in the sac, which, with the probe-pointed bistoury, was opened so as to expose the intestine. The intestine was dark coloured, thick, and fleshy. An attempt being made to introduce the finger within the neck of the sac, it could now be discovered that the intestine was firmly embraced, and, in fact, strangulated. The directory was passed between the intestine and the neck of the sac, and with a bistoury of a particular form, the stricture was cut in a direction directly upwards.

The intestine was then reduced; the incision brought together by adhesive straps, and supported by a compress and a double-headed roller.

Extract of colocynth, five grains; submuriate of mercury, one grain. To be made into a pill, to be taken every fourth hour until it operates.

Evening.—Has had a copious alvine evacuation.

Sunday Morning, October 5.—Some tension of belly, and pain in neighbourhood of the wound.

20th.—Leeches to the lower part of the abdomen. Acetated solution of ammonia, half an ounce; distilled water one ounce and a half; to be taken every four hours.

In the evening his pulse was 88. There was considerable tumefaction over the wound, on which account the dressings were newly adjusted.

Castor oil, half an ounce; tincture of opium eight drops; one ounce and half camphor mixture; to be taken immediately, and every third hour.

Oct. 6. This morning he had copious stools; belly soft; pulse 92; skin natural.

7. Continues doing well; the scrotum indicates, by its appearance, as if the intestine had descended to the bottom; but on feeling the tumour more carefully, it has that sort of hardness which indicates an inflammatory swelling of the peritoneal sac; exactly such a swelling as would have been the consequence of an operation for hydrocele, by incision; adhesion by the first intention has taken place in the wound.

8, 9, 10, 11. No particular alteration.

12. Pulse very soft, 80; free from pain; stools natural; tongue clean; appetite improving. The adhesion, which for several days appeared complete in the wound, has suppurated. The adhesion however, is perfect, so far as it regards the opening in the abdomen, but the fluid from the lower part of the sac escapes by the wound; the swelling of the scrotum has much diminished, but there is a small prominent point, where suppuration has taken place in the scrotum.

17th. Suppuration in the scrotum burst; going on very favourably; full diet. After this time continued to improve; nothing material has since occurred.

Tuesday, Nov. 4. He is about to be discharged, quite well; general health good.

Friday, Nov. 7. There have

been no cases of importance admitted here during the present week; nor have any operations been performed.

LONDON HOSPITAL.

No operations have been performed at this Hospital, in the last week.

On Wednesday, Nov. 5, a boy between 11 and 12 years of age was brought in with an injury of his right eye, from the explosion of gunpowder. The tunica conjunctiva was much inflamed. Leeches were applied near the eye, and smart aperients administered on that and the following day. On Friday he laboured under some degree of stupor, with symptoms of irritation. The boy is of a weak irritable habit.

On Thursday evening, a boy between 12 and 13 years of age was admitted, for an injury of an eye, from the bursting of a cannon. The iris is separated from the ciliary circle, and there is considerable inflammation in the palpebræ. Leeches have been applied, and brisk purgatives administered. He is doing well.

WESTMINSTER HOSPITAL.

Within these two or three last months many interesting cases have been brought to this Hospital, and several operations have been performed.

On Saturday, November 1, a cancer, which occupied nearly the whole of the space between the lower lip and base of the jaw, was removed from a man 65 years of age. In the evening, after the operation, unfavourable symptoms came on; the pulse became extremely rapid, and erysipelas was feared. He was removed to a cool ward, had some aperient medicines administered, and is now going on well.

On the same day (Nov. 1.) the operation for lithotomy was performed on a boy twelve years old, from whom a rather large stone was extracted. The instrument used for cutting into the bladder, was the bistoire caché. In the evening hemorrhage came on, which, however, was soon stopped by cooling applications; about 8 oz. of blood were lost: the boy has had no unfavourable symptoms.

On Tuesday, Nov. 4th, at 10 P. M. the operation for femoral hernia on the left side was performed on a woman, æt. 36 years, the gut having been strangulated for 24 hours. The stricture was divided with a blunt pointed bistoury. The woman is doing extremely well.

In the three cases, the operations were performed by Mr. White.

THE LANCET.

SUNDAY, NOVEMBER 9, 1823.

DR. COLLYER.

A letter appeared in the *Times* of Friday under the signature of 'A Seceder until more satisfactory Explanation be given,' in which two questions are put to the eminent counsel who have decided that the statements which

have appeared in THE LANCET afford no ground of action or prosecution. The writer assumes, as an hypothesis, that these statements are wickedly and abominably false, and proceeds to inquire under what circumstances a ground of prosecution or action can be afforded, if a publication by which the character of a minister of the gospel has been degraded, and his pecuniary resources diminished be no libel? He concludes by exhorting Dr. Collyer not to bid defiance to public opinion, and by reminding him that his profession is no longer a protection against unfounded aspersion, *if it be unfounded.*

The only remark which the *Times* makes on this letter is, that they should like to see *the case* on which the counsel formed their opinion. We entirely participate in this wish; but as we have a much higher opinion of the Doctor's discretion, than of his sanctity or delicacy, we have no very sanguine expectation that our wish will be gratified.

The *Morning Chronicle* of Thursday contained a long report of the Anniversary Meeting of the Orange-street Chapel Tract Society, at which Dr. Collyer presided. The Doctor was received without any mark of approbation or censure. A number of soldiers, chiefly of the Guards, were in the gallery, and on the platform on the left hand of the Doctor. The Doctor alluded to this *interesting* spectacle as he called it, talked of some *beautiful* allusions which had been made to it, and repeated some doggrel verses to the meeting, which were applauded.

Trumpet-major Rawlins held forth on the advantages of Tract Societies; and when the business of the evening was concluded, Dr. Collyer gave the meeting *his* benediction.

On this scene we abstain at present from making any observation. We should like to know, however, whether the connexion which appears to exist between the Soldiers and the Saints is known or sanctioned at the Horse Guards.

CHESS PROBLEMS.

IN a former Number, we gave some account of the origin of the game of Chess. This is perhaps the only game to which the medical student may profitably devote any portion of his time and attention. It is liable to none of the objections which apply to games of chance; it holds out no encouragement to cupidity; and while it affords an agreeable relaxation from more serious pursuits, it strengthens the intellectual faculties, by the unremitting attention which it demands; and may even have some influence on our moral habits, by the lessons of foresight, patience, and perseverance, which it inculcates. To avoid errors on the one hand by foresight, and circumspection, and to endeavour to retrieve such as are committed on the other by patient industry and perseverance—these are maxims applicable to all professions and situations in life, and which, as the American philosopher Dr. Franklin has observed, are constantly illustrated on the Chess-board. The study

of Chess, has, we believe, been recommended to medical students by the distinguished Professor, whose Lectures stand at the head of this publication, and who unites to his great professional and general knowledge, a very considerable degree of excellence in that scientific game. The recommendation was founded, not only on the superiority of this amusement to all others in an intellectual point of view, but upon a more benevolent motive; for circumstances might possibly occur in which the Surgeon's acquaintance with Chess might relieve the mind, as much as his professional skill could mitigate the bodily sufferings of his patient. Sanctioned by such an authority, we have no hesitation in recommending the study of Chess to such younger members of the profession as are unacquainted with its principles; and for those who have already made some proficiency in the game, we shall in this and every succeeding Number insert a few problems, as an exercise of their skill and ingenuity. Many original positions will be given, and others will be selected from sources not generally accessible. The solutions will be given at the end of each volume of The Lancet; but it cannot be too strongly impressed upon the student in Chess, that the whole benefit to be derived from the study of problems must depend on his solving them *proprio marte*, and resolutely forbearing to consult solutions.

Problem I.

The white is required to give checkmate to the black in three moves.

Position of the Pieces.

WHITE.

King at his queen's rook's third square.

Rook at his queen's bishop's square.

Bishop at adverse queen's rook's fourth square.

Pawns at queen's knight's second, and adverse queen's bishop's second square.

BLACK.

King at his queen's rook's second square.

Queen at her fourth square.

Bishop at queen's knight's fourth square.

Pawns at queen's knight's second, and queen's rook's third squares.

II.

The white to give checkmate with the pawn in four moves.

Position of the Pieces.

WHITE.

King at adverse king's rook's third square.

Rook at adverse queen's rook's fourth square.

Knight at his king's fourth square.

Pawn at king's knight's fourth square.

BLACK.

King at his rook's square.

This is a very elegant problem. Whoever solves it, may be assured that he has considerable aptitude for the game of Chess.

III.

The black to give checkmate to his adversary in five moves.

Position of the Pieces.

WHITE.

King at his rook's square.

Queen at adverse king's knight's fourth square.

Rook at king's bishop's square.

Rook at queen's bishop's square.

Knight at adverse king's bishop's fourth square.

Pawns at the king's rook's and king's knight's squares, and at the king's bishop's fourth square.

BLACK.

King at his rook's square.

Queen at her bishop's fourth square.

Rook at queen's bishop's square.

Knight at adverse queen's third square.

Knight at adverse queen's bishop's third square.

Pawns at king's rook's and king's knight's squares.

THE DRAMATIC LANCET.
No. 3.

"Parturiunt montes, nascitur ridiculus mus."

"The mountains labour, and bring forth a mouse!"

Upon taking up a morning paper of last Tuesday, our attention was suddenly arrested by the following *unexpected* and *alarming* intelligence: "Theatre Royal, Covent Garden.—*It is with the deepest concern*"—here, our eye, happening to glance a little lower, and catching these words, printed in large capitals, "WILL BE CLOSED THIS EVENING," we involuntarily exclaimed, Good God! is the King dead? or has the Manager cut his throat? for surely nothing less could be reasonably inferred from such an awful commencement! Proceeding a little further, however, our apprehensions were somewhat calmed, by finding it announced to the public, what they might have been told in a few simple and unobstrusive words, that 'The new opera of Cortez; or, the Conquest of Mexico, was unavoidably postponed till the following evening, in consequence of Miss M. Tree's indisposition, and, in order to give time to Miss Love to study her part.' There is, certainly, something supereminently ridiculous in thus pompously magnifying the casual incidents of ordinary life, and using expressions that ought never to be employed except on very grave and important occasions. The managers of our Theatres, however, are running a race of rivality with each other in this wretched system of *quackery*, and the art of *puffing* is now carried to a height, unprecedented hitherto in the annals of the dramatic world. Thus, we are informed by the proprietors of Covent Garden Theatre, with a noble disdain of truth, that "Mr. Young is re-engaged at this Theatre, after an absence of *two years;*" when the fact is notorious, that this gentleman only took a short trip to Drury-Lane, for *one* season; from which he has returned, we are sorry to say, with the acquirements of some bad habits which we fear he has imbibed from his acquaintance with Mr. Kean; and having, as is usual with most imitators, copied his worst defects, while he has left his excellencies behind. Day after day, from the commencement of the season to the present moment, we constantly read in the posting bills, and in large and legible characters, that "Mr. *Sinclair* having returned from Italy, after an absence of *six*

years is re-engaged at this Theatre and will shortly make his appearance. "The cry is still he comes;" and yet this gentleman, although he is in England, and residing in the vicinity of Fitzroy Square, where we are told "he keeps himself closely confined to his apartments, that he may preserve his voice in tune, and avoid taking cold," does not *condescend* to make his *entrè*, and astonish the town with his wonderful skill and science." We are still "cursed" with the feeble efforts of Pyne and Duruset, and not one small male singer of eminence has yet stepped forth on these boards to rescue the beautiful melodies of Shield and Bishop from oblivion, or give life and animation to the vocal muse. But to return to the subject immediately before us: at length, after the friends and frequenters of this Theatre had been curtailed of an evening's performance, in order to give an actress time to study her character, this "Drama," (as it is facetiously termed in the advertisement) which has been in preparation ever since the close of last season, and on which so much labour and expense have been bestowed, was represented on Wednesday evening, for the first, and we wish we could add, for the credit of the national taste, far the last time. The nature and circumscribed limits of this Publication will not allow us to enter into any extended or detailed statement of the character or plot; and, indeed, where would be the utility or moral object of minutely criticising a piece, which is below the standard of rationality, and which sets every principle of truth and probability at defiance. It is *called*, indeed, the Conquest of Mexico; but might, with as much propriety, have been called a Review in Hyde Park, or a Mock Fight upon Wimbledon Common, if we except the dresses and the scenery, which were appropriate enough, and which reflected great credit on the skill and taste of the machinest and the painter. In contempt of history, that lawless freebooter and ferocious assassin, Hernando Cortez, is represented as a mild and benevolent conqueror, who visits the Mexicans *only* for the purpose of *reforming* their manners and eradicating their superstitious notions! Not a single battle is fought for the empire of Mexico, and although the poor Tlascalans are driven helter skelter before them, and at length drubbed into friendly and faithful allies, and the only thing we see of Montezuma the Emperor is in the last scene, where all the characters, men, women, horses, dancers, singers, &c are huddled together without either sense or meaning, in which this proud and lofty monarch (as he is represented in the first act) meekly gives up his crown to the Spanish invader, and owns his subjection to the King, his master. The principal *Dramatis Personæ*, were, of course, the *horses*, for whom, and on whose account *alone*, this piece was got up; and it must be confessed they acquitted themselves with wonderful skill and dexterity, and fairly distanced the rest of the performers. Upon their first appearance, however, and occasionally in the course of the evening, some symptoms of disapprobation were manifested by the judicious and rational part of the audience, but they were soon overpowered by the clamor-

ous shouts of the multitude, who seemed quite delighted at their warlike appearance and manœuvres. Little did the thoughtless applauders think, while they were admiring the various evolutions of these noble animals, how often they had been subjected to the cruel torture of the lash, before they could be disciplined and tutored into that docility and ready subserviency to the will of their riders, which thus gratified the pampered appetites of an ignorant and vulgar crowd! How humiliating must it have been (to say nothing of the hazard they incurred of being kicked or trampled upon, for the respectable performers Messrs. Cooper and Fawcett, and Misses Love, Paton, &c. for instance, to have felt themselves secondary objects, and degraded into mere appendages, to fill up an interval or supply the vacuity of the scene!—After this it were superfluous to waste the time of our readers, by any animadversions, on the dramatic merits of the piece. As an opera it is too serious, and as an entertainment it is too dull.—There is but one comic character in it, and that is a farrier, sustained by Mr. Fawcett, who gave it all the effect of which it was susceptible, and who fortunately obtained an encore for a very foolish song. Long before the piece concluded the audience betrayed symptoms of weariness, and not all its costly scenery and magnificent decorations, nor even its compression into two acts, will, we fear, secure it a permanent footing on the stage, or prevent it from furnishing another memento of ruinous speculation and managerial folly.

To the Editor of The Lancet.

DR. P.
GREEK AND TOBACCO.

Sir,—I happened the other day to pick up a piece of twisted paper, which dropped from the pocket of a gentleman in a large wig, who was walking before me, and observing some Greek characters upon it, I had the curiosity to open it. It contained about an ounce of shag tobacco, a Greek motto, and a song, or copy of verses, the last of which, if you think it worthy of insertion in your excellent publication, is at your service. I afterwards learned that the gentleman in the big wig was the celebrated Dr. P—, a divine distinguished in this county not only for his extensive acquaintance with Grecian literature, but for his attachment to the fume of mundungus, which he transmits, with singular dexterity, through his nose. I remain, &c.

Warwickshire. S. T.

Hail, Tobacco! Queen of Flowers!
Solace of my lonely hours,
Fume that fuddles as it goes
Tingling through my ruddy nose!
Let others boast the joys of soul
That kindle o'er the flowing bowl;
Or fancy raptures as they sip
Balmy sweets from Lesbia's lip:
Sweeter far the fume that goes
Tingling through my ruddy nose!
Herb divine! for thee shall rise
Clouds of incense to the skies,
O'er thy votaries' brains shall flit
Many a sooterkin of wit,
And noses yet unborn shall shine
With radiance luminous as mine.
Whether in hooker, pipe, or quill,
Whate'er thy name, I love thee still;
Whatever shape thou deign'st to wear,
Long cut, short cut, shag, cigar,
Thy fume I cherish as it goes
Tingling through my ruddy nose!
Hail, Tobacco! Queen of Flowers!
Solace of my lonely hours,
Fume that fuddles as it goes
Tingling through my ruddy nose!

[*From a Correspondent.*]

THE LATE MURDER.

Effects of Gambling.

When human nature exhibits, as she occasionally does, an example of all kinds of wickedness concentrated in one man, we feel a melancholy interest in looking back upon the events of his life, and tracing the various circumstances which, by their conspiring influence, formed his mind to guilt, and eradicated all those associations, or prevented them from being formed, which cause an ordinary character to shudder at the thought of shedding the blood of a fellow creature.

Indolent and superficial reasoners would willingly arrest the inquiring mind in the search after those hidden causes by which the human character is formed. If a shocking instance of depravity presents itself to their notice, they do not say, That man was an idler, a drunkard, or a gamester; but That man was naturally of a bad disposition: as if men were robbers and murderers by constitution, and gave proof in the cradle of the atrocities which they were destined to commit.

With what face can a man who believes in innate depravity, hold up the fate of a murderer as an example, and warn all who are witnesses of it, to beware of the vices which conduct men to such an end? As consistently might a believer in fatality enlarge upon the necessity of obeying the dictates of prudence. The person to whom the admonition is addressed, might well reply, that it is unnecessary, since, if his nature is corrupt, it is in vain to struggle against it; but if he has a natural disposition to virtue, all exhortation to follow that disposition, is superfluous. This doctrine, therefore, must raise up a blind confidence in the minds of the innocent, and must prevent them from taking the necessary precautions against those baneful habits which lead to vice: while they, who have already entered into the downhill path of wickedness, are prevented from a timely reform, by the thought that all their efforts would be unavailing.

Nor is the doctrine which we are combating less unfounded than mischievous. It is truly astonishing upon how little evidence this opinion has obtained currency in the world—such currency that the phraseology to which it has given rise, is, perhaps, equally universal with the use of language. It remains yet to be proved, that men are born either virtuous or wicked — either predisposed to morality or to vice. The only proof which it has ever been attempted to assign, is the enormous difference which exists between the most virtuous and the most vicious of men. The differences of character are indeed great; but so are the differences of external circumstances. And as it is generally admitted that circumstances often overcome the effect of natural predisposition, while no proof has ever been given that natural predisposition can overcome external circumstances: we are at liberty to conclude, that in ascribing to any person a natural and original disposition to vice,

men are following the very common practice of representing as *natural* that which is only *habitual*, merely because they do not recollect its beginning, and will not take the trouble to inquire into its cause.

If, then, wickedness is not the effect of nature, but of external circumstances, that inquiry cannot fail to be interesting, which traces up that complicated and lamentable effect to the several causes which produced it. But most of all will such an inquiry be valuable, if it points out to us as the original root of all the evil, not some circumstances peculiar to the guilty individual, but habits and practices common to him with a great number; and which, although they do not conduct their votaries either to equal depravity or to equal punishment, infallibly bring about a radical corruption of character, and lead them continually to the brink of the most atrocious crimes.

Our readers will have long ago anticipated the subject of our present observations. The principal perpetrator of the late murder, John Thurtell, was a murderer only *after* he had been a gamester, and only, as it appears, *because* he had been a gamester.

The process by which gaming effects so complete a corruption of the character is two-fold. First, It reduces the gamester, not gradually, but suddenly, to that necessitous state where the temptation to crime is the strongest. Secondly, There is no practice capable of being pointed out, which so entirely roots out all good habits, and implants in their stead so many bad ones.

We are satisfied that if the unfortunate men who are executed for theft, or forgery, were interrogated concerning the original and primary cause of the distress which occasioned the crime, it would be found, in a great proportion of instances, that this distress was brought on by gaming. But it is not even by the distress which it creates, and the temptation which it frequently holds out to crime, that this destructive vice produces its worst effects. A mind which experiences the agonizing vicissitudes of the gaming table, soon becomes so habituated to strong excitement, that like the body of the habitual drunkard, it is insensible to every stimulus of a gentler kind. It is totally and for ever unfitted to resume habits of diligence and industry; and the habits which it has acquired are in themselves such as, above all others, tend to produce crime. Continually liable to perish by starvation, the gamester does not consider his perils much enhanced when, to be released from that danger, he exposes himself to the terrors of the law. And the habit of relying upon chance makes him trust to the chance of escape, even when the possibility is next to nothing. In no other way can the apparent coolness and indifference of Thurtell be accounted for, where it must be evident that the chance of escaping detection scarcely deserved the name of a possibility.

It is a question well deserving of consideration, how far government or its officers are justified in any direct interference to prevent these practices. It would be a chimerical expectation, that the vice of gaming could be eradi-

cated by positive enactment. But there can be no doubt, that public gaming-houses contribute greatly to the encouragement of this vice. Unwary persons, perhaps, recently arrived in London, (and we particularly address our observations to students of our profession,) and not yet aware of the dangers to which they are exposed, are frequently entrapped, and carried into one of these houses, where they are made drunk, cheated of their money, and, perhaps, by frequent repetition, reduced to poverty, while they contract, at the same time, inveterate habits of gaming. We think that the exertions used for the suppression of these houses are not by any means so active as they ought to be. Many notorious hot-beds of vice are still permitted to exist; and we are convinced, that upon diligent inquiry, their existence would be found to be connived at by the police officers, who have no interest in diminishing the number of offences, though they have in obtaining possession of the persons of the offenders. We think that Mr. Dyer, Mr. Swabey, and Mr. Rogers, would be better employed in extirpating this nuisance, than by sending respectable men to the tread-mill for having the misfortune to be taken ill in Hyde Park, or for being considered by police officers "reputed thieves."

TABLE TALK.

The manner of duelling in Japan is singular, and to our European prejudices may appear absurd and barbarous; the philosophical observer may, perhaps, consider it as rational as an appeal to the sword or pistol. When two men of honour quarrel in that country, the party who conceives himself injured rips up his own entrails with a large knife, and presenting the instrument to his adversary, invites him to follow his example. No Japanese gentleman can decline the invitation, for if he does not instantly plunge the knife into his own bowels, he is dishonoured for life.

Mr. Pope was with Sir Godfrey Kneller one day, when Sir Godfrey's nephew, a Guinea trader, came in. "Nephew," said Sir Godfrey, who had an ample share of the vanity common to all painters, "you have the honour of seeing the two greatest men in the world." "I don't know how great you may be," said the Guinea man, "but I don't like your looks: I have often bought a man much better than both of you together, *all muscle and bone*, for ten guineas."

Copy of a Letter to Mr. Methuen, from his Gardener.

"*Honred Sir*,—My wif an I have taken the Ian from Winsor. Jenny Cedar has lost her head, the rest of the scrubs are all well. The Oxen are com down to prase the Gods. From your humble servant," &c.

What he meant to say was:

Honoured Sir,—My wife and I have taken the influenza. The Virginia cedar has lost its head: the rest of the shrubs are all well. The auctioneer came down to appraise the goods.

[*Correspondents in our next.*]

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THE LANCET.

Vol. I.—No. 7.] LONDON, SUNDAY, November 16, 1823. [*Price 6d.*

SURGICAL LECTURES

DELIVERED BY

SIR ASTLEY COOPER, BART.

[No Lecture on Monday, in consequence of its being *Lord Mayor's Day.*]

Theatre, St. Thomas's Hospital,

Wednesday Evening,
Nov. 11, 1823.

Lecture Eleventh.

We have endeavoured to describe to you the first mode in which the union of wounds takes place, and the mode of filling up the cavities, namely, by the process of adhesion. We shall now proceed to consider the other mode of union between divided parts of the body, namely, that by Granulation; for the two modes which nature institutes for the purpose of filling up the cavities of the body for the cure of wounds are adhesion and granulation. If you are asked for a definition of the term granulation, you will say that a granulation is a newly-formed substance, generally red in colour, and having the power of secreting pus. The mode in which a granulation is produced, is as follows:—You will find it very similar to adhesion, but differing from that process in one respect. When an abscess has been opened, or when a wound has been produced, if the abscess be not immediately closed, or if the edges of the wound have not been brought together, inflammation is excited, and this inflammation occasions an effusion of the fibrine of the blood upon the surface of the wound. This fibrine is poured out in a layer which covers the surface of the wound. The layer of fibrine soon becomes vascular, for blood-vessels, which are elongations of the vasa vasorum, are forced by the action of the heart into the layer which has been deposited, and this layer consequently becomes vascular. The

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difference between the mode of union by adhesion and by granulation, is, that in the latter the vessels shoot to the surface of the layer which has been thrown out, terminating by open mouths on the surface of the newly-formed substance, and secreting pus at the same time that a layer of lymph, or fibrine, as it is more correctly termed, is effused. The fibrine which is poured out, besides this purulent secretion from the vessels, forms a second layer, into which the vessels shoot as before. The vessels supporting the first layer are the means of supporting the second layer, where the vessels terminate as before by open mouths on the surface of the substance effused In this manner layer after layer is formed until the cavity becomes filled.

The characters by which granulations are distinguished are these: their surfaces are uneven; they are generally red in colour, and they secrete matter. I know not whether you have followed me or not, but this process may be easily explained. Suppose we open an abscess; the result is that adhesive inflammation is produced in the internal surface of the cavity. A layer of adhesive matter is in this way thrown out, and if the sides of the abscess are brought together by passing a roller round it, we may often prevent the future formation of matter, as I have before had occasion to explain to you. But if the union by adhesion does not take place, then granulations are formed in the following manner: When fibrine is poured out the vessels shoot up to its surface, permeate the newly-formed substance, and terminate by open mouths on the surface of the layer. This layer becomes the means of filling up a portion of the cavity; it is soon succeeded by another; the vessels become elongated, effuse matter on the surface, and shoot up as before to the second layer of fibrine. In this manner one layer after another is formed until the cavity of the wound is entirely filled. The vessels shooting into granulations are very numerous; they are principally arteries. If you inject an ulcer of the leg, the great degree of vascularity in the granulating surfaces is accounted for by the number of vessels divided into radiated branches, which we see entering the granulations, and producing the arborescent appearance, which is observed in them. In examining the structure of granulations, they appear to become vascular in the following manner:—An artery en-

ters at the base of the granulation, and is then divided into radiated branches; from these vessels pus is secreted, and an incrustation is formed producing a layer of adhesive matter on the surface of the granulations. This is a little difficult to conceive; it is a circumstance which, I believe, has never been observed, and which I learnt in the following manner. I took a portion of injected ulcer from the arm, and threw it into alcohol, in order to observe its vascularity. After it was thrown into the alcohol it was so opaque on the surface that no blood vessels could be seen. It is the fibrous matter therefore covering the surface of the granulations which receives the blood vessels. In this view a granulation may be considered as a gland, and the surface of an ulcer merely as a glandular surface. Now a gland is a part of the body in which a secretion from the extremities of the arteries takes place, and the blood, which is not employed in the secretion, is returned to the heart by means of the veins that accompany the arteries. So in granulations; the arteries throw a quantity of blood near the surface of the wound, and there secrete pus. There is a vein accompanying each artery, and the fluid conveyed by the vessels is partly converted into pus on the surface of the ulcer, and partly returned back to the heart.

Granulations are not good absorbent surfaces in ulcers recently formed; but if the ulcers have existed for any length of time, the absorbent vessels readily take into the system any substance which may be applied to them. In this way we frequently see persons salivated by the use of injections of the oxymuriate of mercury. It is not an uncommon practice to inject a solution of a grain or two grains of oxymuriate of mercury into sinuses, for the purpose of stimulating the vessels. If the sinus has existed for a considerable time, the oxymuriate of mercury is frequently absorbed, and the mouth becomes affected in the same manner as if the mercury had been absorbed into the system by rubbing it into the skin, or taking it into the stomach. This proves that old granulating surfaces have the power of taking in by absorption a fluid of this description. I have known what is commonly called the black wash, which is composed of the liquor calcis, and the submuriate of mercury, when applied to the surface of ulcers produce an effect upon the mouth in persons who are easily affected

by mercury. I believe that the wash of the liquor calcis and calomel often produces good effects in the cure of sores, by the mercurial action which it excites in the system, and not merely by its local effects on the sore to which it is applied. Ulcers are, however, frequently the means of producing baneful effects upon the constitution, by the readiness with which they absorb any substances which are applied to them. Thus, arsenic applied to the surfaces of sores is very frequently absorbed into the system; and on this account, arsenic is to be regarded as a very dangerous external remedy. With respect to the use of arsenic as an internal remedy, it ought never to be employed without extreme caution, and unless the patient is watched from day to day.

I remember a case in the other Hospital, of a patient, who was brought in with a fungus of the eye, and who was under the care of Mr. Lucas, a man of great skill in his profession, and the father of the present Surgeon of that name. Mr. Lucas ordered a solution of arsenic to be applied to the part. After it had been used for three days the man complained of pain in the stomach, but this was not supposed to arise from the use of the solution. The application was continued; the pain in the stomach became excessive; convulsive tremors of the muscles succeeded; and the patient died. I was quite sure that he died from the influence of arsenic in the system; and upon examination of the body after death, I found the stomach in the highest degree inflamed, and exhibiting the peculiar appearance which is produced by arsenic, and not by poisons generally. I believe, therefore, that this person died from the application of the arsenical solution. Quacks are in the habit of destroying tumours of the breast by the use of arsenic. Women are sometimes, though very rarely, foolish (*a laugh*); and they will undergo any torture which is not inflicted by a knife, rather than submit to an operation that would not give them a tenth part of the pain which they suffer from such applications. They go to a person who tells them of the number of cures he has performed by means of a specific used for the purpose of destroying scirrhous affections; and, indeed, these Quacks very frequently destroy the scirrhous part, and the patient too. Mr. Pollard, the surgeon, told me, the other day, of a person in town, who applied

an arsenical preparation for a scirrhous affection of the breast, in consequence of which the patient died in less than a week. I had myself occasion lately to perform an operation for a scirrhous breast, to which arsenic had been applied. I asked the woman which gave her most pain, the application of the arsenical preparation, or the operation. She replied that the pain of the operation was not so great as that of the application, and that the arsenic had been applied ten or eleven times. The consequence of these applications is that they become absorbed into the system, and produce derangement of the stomach, the intestinal canal, and the nervous system, and sometimes paralysis. While I am on this subject, I will mention a case to you which occurred in this town, and which I should have scarcely believed, if it had not come within my own knowledge. A person in this metropolis happened to have *bow* shins. A part of his duties was to teach ladies to draw and paint, and in the prosecution of this branch of his profession, he found his *bow* shins, as he himself declared to me, a very great evil (*a laugh*). He felt that his merits were less fairly appreciated, and his instructions less kindly received, by reason of the convexity of his shins; he was persuaded, in short, that his *bow* shins stood between him and his preferment. Under this impression, he went to a very noted person in this town, and showing him his bone, (*a laugh*) said to him, "Pray, Sir, do you think you can make my legs straight?" "Sir," said the Doctor, I think I can; if you will take a lodging in my neighbourhood, I think I can scrape down your shins, and make them as straight as any man's." A lodging was taken; the father of the patient assisted in the operation, and all three of them, the father, the son, and the doctor, took a turn in scraping down the convex shins. A great deal of rasping was required; an incision of very considerable extent was made in the shin, the integument was turned aside, and an instrument which was at that time contained in the surgeon's case, called a rougee, was employed to scrape the shin bone. When the doctor was tired of rasping, the father took a spell, and the patient, in his turn, relieved his father. At last the shell of the bone became so thin, that the doctor said they must proceed no further with that leg. The other leg was then rasped in a similar manner, and

thus large wounds were produced in both of the shin bones. The surfaces granulated very kindly, and very little exfoliation of the bones took place; but unluckily the granulations *would* form bone, so that up jumped the bones of the shin again (*much laughter*). The Doctor, however, was resolved not to be defeated, and accordingly put a layer of arsenic over the whole surface. It was in consequence of the effects of this application, that I saw the patient. The arsenic was absorbed into the system, and he became paralytic in his arms and lower extremities. A great number of exfoliations took place in his legs; and he showed me a large box, in which the exfoliated portions of bone were contained. I recommended him to go into the country, and he went to Bath, where he stayed for some time, and got rid of his paralysis. This case made a good deal of noise in town; and there were some surgeons who expressed a strong wish to prosecute the doctor. I recommended them, however, not to take any steps until I had seen the patient himself; and when he next came to me, I asked him whether he thought his legs improved, and whether he would again undergo the same operation, at a similar hazard of his life, to have his legs made a little straighter. He replied that he would (*a laugh*); and under these circumstances I was of opinion, that, as the young man was content, it was a folly to think of prosecuting the doctor. The patient, in this case, appeared to be as great a fool as the doctor whom he consulted, and deserved to be punished for his folly. I have no wish to injure individuals; and I shall not, therefore, mention the name of the operator. Some time has elapsed since the case occurred, and the transaction is now almost buried in oblivion. One of the parties is since dead; not the person, however, who underwent the operation, for he still lives, and is proud of his improved legs.

Opium, when applied to the surfaces of sores, is very readily absorbed into the system. I believe that it is often a very useful application to the surfaces of sores. I mentioned, on another occasion, a case in which a tetanic affection was produced in a child, whose leg had been amputated by Mr. Lucas, the present surgeon of Guy's, and where the application of opium to the stump gave more immediate relief than I ever remember to have witnessed. It relieved the spasms, and, as I

believe, saved the child. If opium, applied to the surface of sores, be absorbed into the system, it produces excessive costiveness, extreme pain in the head, and torpor of the system, which is only to be removed by the frequent administration of active purgatives. The effects on the constitution, when absorbed from the surface of sores, are very much the same as when it is introduced into the stomach.

Granulations possess nerves as well as arteries, veins and absorbent vessels. Granulations are sometimes extremely sensitive; but this is far from being the case in all granulations. We shudder at seeing a person handle a sore roughly, supposing that it must give the patient extreme pain. Granulations which spring from parts endued with great sensibility, such as muscles, are indeed extremely sensitive; but many granulations, such, for instance, as arise from bones, have no sensibility whatever. If ulceration be produced to a considerable extent in an exposed bone of the head, a probe may be put into it, while the patient is quite insensible of your touching his head. If you do this in the granulations arising from bones, and ask the patient whether you have touched him, he will say 'No;' but if you apply the probe to the edge, or near the edge of the wound, he will feel it. Granulations, therefore, springing from bone in an uninflamed state of the bone, are not sensitive. Granulations, however, which spring from the cancellated structure of the bones, are, sometimes, extremely sensitive. I have at present, a patient who had a compound fracture of the leg; the fracture was attended with abscess, and a small exfoliation of the bone took place. In this case, when a probe was put down into the cavity, the granulations from the cancellated structure of the bone were extremely sensitive. When the inflammation passes away, the sensibility of the part is diminished. The same thing happens with respect to granulations (springing from tendons, as the tendo achillis, for instance,) which are entirely insensible. So granulations arising from fascia and the aponeurosis of muscles are endued with little sensibility. In general, therefore, although granulations springing from parts possessed of great sensibility, are sometimes exquisitely sensitive; those arising from parts in a great degree insensible, or entirely so, as tendons, are not sensitive; a

circumstance, which you cannot at any time go round a large hospital without having an opportunity of witnessing.

Granulations are very readily united to each other. The mode in which union is effected, is, by bringing the edges of the two granulating surfaces together, so as to produce the adhesive process. The surface of the granulations will be covered by adhesive matter, and you have only to apply the two surfaces to each other to produce an union. The knowledge of this principle is very often useful in the pratice of surgery. A man has a considerable portion of the scalp raised from the skull, and the percranium throws out granulations, whilst the raised portion of scalp is also granulating. Instead of waiting for the tedious process of the union of both surfaces, by granulations filling the cavity, you have only to place one portion of the granulations upon the other, bind them well down with adhesive plaster, and they will be sure to inosculate. In this manner, a surface, which it would otherwise have taken a long time to close, will be healed in a few days. The cavity of the scrotum, after removal of the testicles, is often covered with a great number of granulations, by bringing the surfaces of which together with adhesive plaster, a wound which would otherwise require weeks in healing will be healed in a very short time. It was upon this principle, namely, that of bringing together the granulating surfaces, that Mr. Baynton proceeded with so much success in the treatment of ulcers; so that our hospitals are now much less filled than they formerly were with those opprobria of our art.

The next subject to which I shall direct your attention is the closing of sores by Cicatrization. The formation of new skin with which a sore is covered over is called Cicatrization, which is produced in the following manner. The vessels at the edge of the skin form ganulations, and these granulations unite with the granulations of the surface of the sore. The granulations produced from the edge proceed towards the centre, and those on the edge inosculate with those on the surface of the sore, and are united by the adhesive process. The vessels become elongated from the edge of the sore, and proceed in radii from the circumference to the centre. Day after day an addition is thus made to the cicatrix, until at last the vessels

reach the centre from every part of the circumference; when the process of cicatrization is completed. It may be said by some persons that this is not the only mode which nature takes for the formation of new skin, for that it often happens that the process of cicatrization commences from the centre of the sore. If these persons mean to say that insulated portions of skin are sometimes seen in the centre of sores having no communication with its edges, there can be no doubt of this fact. But how does this happen? It is not that the centre of the sore has the power of forming new skin, but the new skin in the centre is produced in consequence of the whole of the skin not having been ulcerated away, and granulations arising from the part of the skin which was left. This only happens in irregularly formed sores, where the healing process has gone on to the centre and then the sore has broken out in the circumference. If granulations arise from any portion of skin in the centre, these granulations produce new skin, and an insulated portion of skin is produced forming a part of the cicatrix, which is not afterwards ulcerated away.

When a cicatrix is formed, in the first instance it is extremely vascular; but when it has existed for any length of time, the blood vessels become contracted, and it is whiter than the original skin. Hence the white appearance of the cicatrices after small-pox; for, although they are more vascular than the original skin, when first formed, in a little time they lose this vascularity, and are endued with less living power than the surrounding parts.

The readiness with which the surface of a sore is covered in by cicatrization, depends very much on its form. A sore of a circular form, requires a very considerable time before it will heal; whereas a sore of much greater length, but of less diameter, will heal more quickly. You may always pronounce, therefore, that a round sore will be longer in healing than a longitudinal one, *cæteris paribus*, as for example, in the same patient, where the constitution is the same. The reason is, that the vessels have to elongate much less from the edge to the centre in a longitudinal, than in a circular sore. The form of the sore, therefore, has an influence on the readiness with which cicatrization takes place. Sores are very often difficult to heal from their situation. Thus, if a sore be situated at the back of

the leg, there will be often great difficulty in healing it. Indeed such a sore can only be healed by raising the heel, and so loosening the skin, in order to give it a power of being drawn in to form a new cicatrix. By this means the vessels are more readily elongated, and continually draw the skin nearer the centre of the sore. It appears, then, that the form and situation of the sore, have a very considerable influence on the healing power.

Here Sir Astley exhibited to the class, a model in plaster, which had been placed on the table previously to the commencement of the Lecture, representing the case of a patient who had been severely burnt, and in which extensive deformity had supervened on the cicatrization of the wounds. The chin had become united to the breast, the arms to the sides, and the upper arm to the fore-arm.

Now, said Sir Astley, in looking at a case like this, some of you might be induced to exclaim, How abominably inattentive must the medical man have been who had the care of this patient, for all these consequences might have been prevented. If you said this, your censure would be culpable; you have no right to say so; for it is a case which might happen to any of you. Deformities of this kind generally arise after the process of healing is completed; they are the effects of the contraction of the cicatrices, and not of the contraction of the skin at the time of the accident. Here the skin is contracted so as to pull down the chin, and evert the lip, so that the saliva runs over the surface of the breast, and is constantly excoriating it. All these results proceed, not from the production of the new skin, but from the contraction of the cicatrices after the production. I say this from having seen, among many other cases of the kind, the case of a child, who was a short time since admitted into Guy's. In consequence of the contraction of the cicatrices the upper arm adhered to the fore-arm, and the thumb was drawn back so as to be immovably joined to the upper arm. (A drawing of this case by Mr. Girome was exhibited to the class.)

I will mention another case of this kind. Some time ago, a young gentleman, who was playing with fire-works, happened to be slightly burnt in the forehead. His father, who was a very intelligent man, showed considerable anxiety, and expressed his apprehensions at the time that some

horrible deformity would arise from this accident; for he had himself witnessed instances in which the eye-brows had been drawn up, so that the patient had no power of closing his eyes from a similar cause. Granulations, however, very soon arose on the surface of the forehead; the sore healed kindly, and the father was delighted to see what he supposed to be the favourable termination of the case. Some time after, however, I saw this gentleman, and upon inquiring after the child he told me that he was very well, but that a horrible deformity had ensued from the accident; the eye-brows were drawn up, the eye-lids elevated, and the forehead was quite wrinkled. This took place a few weeks after the healing of the sore, in consequence of the contraction of the cicatrix; and unfortunately this was a deformity incapable of being remedied by any means which art could suggest. I have never seen a case like that represented in the plaster bust on the table, where the chin is united to the breast, which was capable of being cured. You may, by putting a knife behind the bridle and dividing it, separate the chin to a considerable extent from the breast; but whatever force you may use for keeping the head back, the contraction will ultimately be the same. There are some parts of the body, however, in which deformities of this kind may be removed; as in cases in which the thigh is united to the abdomen; where the bridle may be divided, and the joint afterwards straightened; but where the bridle is broad, as under the chin, no operation will avail.

In the formation of cicatrices the original parts may all be reproduced, except two. In the first place, new skin, though differing somewhat in texture and smoothness, is still a substance similar to the original skin. Skin may be defined to be a substance producing rete mucosum and cuticle. Are both produced by the newly formed skin? Undoubtedly. The cuticle is produced very quickly; and with respect to the rete mucosum or covering matter of the skin, a little time elapses before it is produced; but it is produced, as the following fact will show:—The new skin of a Negro does not become white as in Europeans, but is at first red, and after a little time turns blacker than the original skin. I was struck with this in the other Hospital, in the case of a Negro, who had been a sailor in a privateer, and had received several

wounds in many parts of his body. I observed that the cicatrices were every where blacker than the original skin. We may conclude therefore, that the skin which is reproduced is true skin; that the cuticle is very quickly reproduced, and the rete mucosum after a short period. The cellular membrane is also reproduced, though it has at first the appearance of a solid fibrous mass which requires some time before it is drawn into the reticular texture, similar to the original membrane. Tendons are very easily reproduced. If the tendo achillis be divided in an animal, it will be reproduced in about a fortnight or three weeks; but it will be somewhat larger than the original tendon. The same thing takes place in the human subject; as you may see from a specimen in our Museum of a tendo achillis which had been reproduced, and which is larger than the original tendon. Every body knows that bones are reproduced; not only the shell of the bone, but the cancellated structure; not only the salt or phosphate of lime, but the cartilaginous substance in which it is deposited. Nerves are also reproduced, but there is some little doubt whether they assist at all in the restoration of sensation by anastomosis. Dr. Haighton made an ingenious experiment with respect to the union of nerves. He divided the par vagum, or eighth pair of nerves, in a dog, on one side, and then let the animal live for some time; he then divided the par vagum on the opposite side, and after suffering both nerves to unite, he then divided them at the same moment, when the animal died.

In *tic douloureux*, after the operation of dividing the nerve, even when the sensibility of the part to which the nerve was distributed is not entirely restored, and although numbness still remains in the cheek, the painful sensation will still return. An old gentleman, from Bury, in Suffolk, had undergone the operation of the division of the nerve for *tic douloureux* several times. When he came last to me there was still a little numbness remaining in the lip, yet the pain of the *tic douloureux* was as great as ever. I divided the nerve, but the operation did not afford him the same relief as before. He came again some months after, and wished the nerve to be again divided. The pain in the part had returned to its former degree, although the numbness of the lip was much greater than before.

The parts of the body which are not reproduced, are first, muscles. In the case of a man who had a scar in the fore-arm, which appeared to have long existed, I found, that instead of muscular fibre under it, a tendinous structure had formed. A muscle, when divided, unites by tendon, and not by muscle. Secondly, the cartilages of the ribs unite by bone, and not by cartilage. (Sir Astley exhibited to the class a specimen of cartilage of the human rib, which had been divided, and in which ossific union had taken place.) This, however, will depend in some measure on the age of the person; for in very young subjects cartilaginous union will be produced, but in subjects more advanced in years, the cartilages of the ribs invariably unite by bone.

To the Editor of the Lancet.

Sir,—Having been a constant reader of your work since its commencement, and feeling convinced of the good effects which such a publication must produce, I have ventured to address you upon a subject deeply interesting to those by whom, from its nature, I presume it is principally supported, viz. the Faculty. In Volume I. No. 5, I observe a letter signed "Juvenis." The nuisance of which he complains, no one certainly can deny or justify; but the remedy he prescribes, it is plain, would be quite ineffectual. What, for instance, is to prevent the person who writes over his door "Surgeon, Apothecary, or Medical Practitioner," from adding the word "Authorised?" In fact, I much doubt if many who could rightly make that addition, are justly entitled to the distinction.

Of Surgery I know nothing, and consequently am unable to form an opinion of any man's pretensions. With the other branches of the profession, however, from the nature of my occupation, I am in constant intercourse; and certainly do, in the course of my experience, meet with some splendid instances of consummate ignorance. The circumstance to which I wish particularly to call your attention, is the frequent occurrence of accidents arising from the improper application or administration of medicines. We all know that an error will sometimes occur, from the common frailty of humanity; it is unavoidable; and in common charity must be forgiven. I am convinced, however, that errors do very frequently occur from a cause, the forgiveness of which would require the exercise of an uncommon charity—I mean, from the ignorance of the dispenser. No one will wonder at the frequency of these accidents, who is capable of examining the chemical and pharmacuetical knowledge of those engaged in this branch of the profession. The increase within the last few years is enormous, the liability to accidents is of course in the same ratio; and yet I will

venture to assert, that there are very few who have an adequate knowledge of chemistry (which is essentially necessary), and very many whose pretensions merely consist in a knowledge of the labels on their bottles. The only remedy that I could suggest for this evil would now be attended with too cruel consequences for present application; and I am only astonished that it has been suffered to continue so long. Another cause which I shall venture to point out, to which these accidents are sometimes attributable, will admit of a very easy remedy; and a slight hint to certain superiors of the profession may probably have the effect, in some measure, of checking its increasing prevalency. It arises from what I shall take leave to call "professional puppyism," viz. making an ostentatious display of their own acquirements by the use of scientific terms, to the great annoyance and discomfiture of the apothecary and retail druggist, and the imminent risk of their patient's life. I can assure them, that, to the generality of this class of persons, the present nomenclature is almost unknown; and that such names as protoxides, duetoxides and peroxides, perchlorides and protochlorides, persulphates, subpersulphates, and protosulphates, imposing as they may appear, are as unintelligible as though their prescriptions were written in Greek or Hebrew. It will be useless to argue that persons in such situations ought to have knowledge and abilities competent to the duties of their profession; it is well known that they have not: the consequence is obvious; and any man would rather hazard the detection of an error, than acknowledge his own ignorance. With this knowledge, then, the responsibility, if any be incurred, rests with the physician. It is too serious a matter that a person's health, or perhaps life, should be endangered or sacrificed, to gratify vanity and affectation.

Should you think this worthy of insertion, I shall take the liberty of pointing out some other maladies, in which the application of *The Lancet* might be very useful. With my earnest wishes for the success of your undertaking, I am,

Your obedient Servant,

ANTI-STAHL.

MEDICAL AND SURGICAL INTELLIGENCE.

METEOROLOGICAL SOCIETY.

ON the 15th ult. a meeting was held at the London Tavern Coffee-house, Ludgate-hill, to take into consideration the propriety of forming a Meteorological Society. Among the gentlemen present were Drs. Clutterbuck, Shearman, Armstrong, Copland, &c. &c. The chair was taken by Dr. Birkbeck, several resolutions were agreed to, and the Meeting adjourned to the 12th of November, to meet at the same place and hour.

On Wednesday last, Nov. 12, the second Meeting of this Society was held, which was attended by several individuals of eminence in the profession, and others distinguished for their attainments in

the different branches of natural Philosophy. By the unanimous choice of the company Dr. Birkbeck took the Chair. The minutes of the proceedings of the last Meeting were first read, after which the President for the ensuing year was ballotted for; when it was found that the chairman, Dr. B. was elected to that office. The council was then chosen, and the following are the names of the gentlemen on which the Meeting fixed: Drs. Shearman, Forster, Bostock, Roberts; Messrs. Lake, Howard, Daniell, Brey, R. Taylor. The laws on which the Rules and Regulations for the future management of the Society were to be formed were then read, and it was determined that a Committee of six should be appointed for the purpose of revising them, and which should make known the result of their proceedings at the next meeting.

After going through the usual business, the Meeting was adjourned *sine die*, as its next meeting must depend on the labours of the Committee.

MEDICO-CHIRURGICAL SOCIETY.

At the last Meeting of the Medico-Chirurgical Society in Lincoln's Inn (Tuesday, Nov. 11), after the regular business had been transacted, Dr. Davis, of Hanover-square, stated, that he felt himself bound to vindicate his reputation from an aspersion which had been unjustly cast on it by Dr. Conquest, the Lecturer on Midwifery. What he alluded to was this:—Dr. Conquest had said, that the views, contained in his (Dr. Davis's) paper on phlegmasia dolens, in the last volume of the Transactions of the Society, were not his own.

Dr. Conquest observed, in reply, that he had for some time past, long prior to the publication of Dr. Davis's paper, been in the habit of teaching, in his Lectures, that phlegmasia dolens depended on an affection of the vessels of the part similar to that described by Dr. Davis. Here the affair terminated.

For our own part, we think that Dr. Davis claims too exclusively the merit of having ascertained the pathology of phlegmasia dolens; since his paper on that disease did not appear till long after facts, similar to those related by himself, had been published by many French writers. Dr. Davis, however, has not taken that enlarged view of the pathology of phlegmasia dolens which the subject admits of; and in considering the remedies to be employed in this disease, has pointed out nothing new, nor even done any thing to give precision in the use of those already known.

VEGETABLE ALKALIS.

Morphia, or Morphine, the narcotic principle of opium, was first obtained pure by M. Sertürner, about the year 1817.

The simplest process by which it can be extracted from the opium, appears to be that recommended by M. Robiquet, which is as follows: "Three hundred

parts of pure opium are to be macerated, during five days, in one thousand parts of common water. To the filtered solution, fifteen parts of perfectly pure magnesia are to be added. Boil this mixture for ten minutes, and separate the sediment by a filter, washing it with cold water, until the water passes off clear. After which, treat it alternately with hot and cold alcohol, as long as the menstrum takes up any colouring matter. The residue is then to be treated with boiling alcohol (22. 32° Beaumé) for a few minutes. The solution, on cooling, will deposit crystals of morphia.

The theory of this process is the following:—Opium contains a meconiate of morphia. The magnesia combines with the meconic acid, and the morphia is displaced.

Morphia acts with great energy on the animal economy. Half a grain, or even a quarter of a grain, dissolved in oil, taken internally, produces very marked narcotic effects; but its power becomes very much increased, when the morphia is combined with an acid, as the salts of morphia are more soluble than the morphia itself. The acetate and sulphate of morphine are the salts most commonly used. The acetate is formed, by combining directly in an evaporating dish, acetic acid and morphine, and letting the mixture slowly evaporate to dryness. The sulphate is obtained, by dissolving the morphine in sulphuric acid, previously diluted with water; the solution is then made hot, and afterwards evaporated to dryness.

The acetate of morphia crystallizes in needles, the sulphate in prisms which dissolve in twice their weight of distilled water. M. Magendie, in his "Formulary for the Preparation and Mode of Employing several New Remedies," &c. just translated by Mr. C. Haden, says, that these salts afford all the advantages which we can hope to find in opium, without having any of its inconveniences. M. Magendie gives the following receipt for preparing the *syrup of morphine*:—

Take of perfectly clarified syrup, one pound; acetate of morphine four grains, form a syrup. A teaspoonful is a full dose.

Emetine.—In 1817 a series of chemical and physiological experiments were made by M. Pelletier and Magendie, from which it was ascertained that its emetic property is owing to a particular immediate principle, named by M. Pelletier *Emetine*.

The mode recommended by M. Magendie for obtaining emetine, is the following:—Powder the ipecacuanha, and digest it in ether at 60 degrees, to dissolve the fatty odorous matter. When the powder yields nothing more to the ether, exhaust it again by means of alcohol—place the alcoholic tincture in a warm bath, and redissolve the residue in cold water; macerate it in calcined magnesia, by which means it looses its gallic acid; redissolve it in alcohol, and evaporate it to dryness.

Pure emetine is white, pulverulent, and unalterable by the air. It has no smell, but a bitter acrid taste. It is soluble in all the acids, and in ether and alcohol—to a very slight degree in water; is uncrystallizable. It is precipitated by protonitrate of mercury and

corrosive sublimate, but not by tartar emetic. Half a grain of emetine acts as a powerful emetic, followed by sleep; six grains vomit violently, and produce stupor and death. In such cases the lungs and intestines are inflamed.

NASAL OPERATION.

The first surgeon, who practised a method of supplying the deficiencies of noses, ears, lips, &c. was one Branca, a Sicilian, who flourished in the middle of the fifteenth century. Nosorenus places Branca at Catanea, and calls him "a celebrated surgeon, who restored ears, lips, and noses." Elysius Calentius, a Neapolitan poet of that time, writing to one Orsianus, who had lost his nose, strongly recommends him to come to Branca, "a man of great abilities, who had learned the art of restoring a nose, either by supplying it from the arm of the patient, or by infixing upon the part the nose of a slave." He assures his friend that he had himself witnessed the operation, and that if he would only come to Naples, and submit to it, he might go home again with as much nose as he pleased.

Vincent Boiani, Bernard his nephew, and some of his descendants, were distinguished at Calabria during the sixteenth century, in the art of supplying defective lips and noses.

Alexander Benedictus, a Veronese, who taught medicine at Padua, some time before the year 1495, is the first medical writer extant, who since the revival of letters, has mentioned this operation of surgery. He states, that in his time new noses were formed with admirable art in the following manner:—The operator dissected the upper skin of the arm with a razor, and then paring off the remaining edges of the nostrils, or if necessary cutting them away, he bound the arm to the head, in order that wound might adhere to wound. After this the wounds having conglutinated, he took from the arm with the knife, as much as was wanted for the restoration of the nose, which was accomplished; for the kindred vessels of the nose nourish the flesh which is newly acquired. He adds, however, that these artificial noses badly endured a severe winter; and he recommends his patients to use them gently, lest they be torn from the trunk.

Gabriel Fallopious, who died at Padua, in the year 1563, in his tract De Decoratione, alludes to this method of restoring noses.

Ambrose Paré, whose work was printed in 1561, remarks, that there lived in Italy, some years before, a surgeon who restored lost portions of the nose, by excavating a part of the biceps muscle, of the size required for restoring the nose to its former bulk; inserting the part excavated into the vacancy of the nose, and binding the head and arm together in such a manner that neither of them could possibly move. In forty days the flesh of the arm was agglutinated to that of the nose. The younger son of a noble family in Italy, being weary and ashamed of a silver nose, applied to this surgeon, from whom he returned with a nose of flesh, to the surprise and satisfaction of all who knew him.

Andrew Vésale, a native of Brussels, in his Chirurgia Magna, printed at Venice in 1569, treats at some length of the restoration of the nose, by supplying the deficient parts from the arm.

Stephen Gourmelen, in his Ars Chirurgica, printed in 1580, repeats the assertion of Calertius, that the nose might be formed or refitted either from the arm of the patient, or from the nose of a slave.

Gaspar Taliacozzo, commonly called Taliacotius, a writer, whose celebrity on the subject of the nasal operation has eclipsed all who preceded him, was born at Bologna in the year 1546, and died in the same city in 1599. At his death, the magistracy of Bologna honoured his memory with a statue, which they placed in the anatomical theatre of the University, and which has in its hand *a nose*, as an emblem of the art which he practised, with so much fame and success. In the year 1597, he published at Venice his work De Curtorum Chirurgiâ per Insitionem. This scarce and singular work is divided into two books, in the first ten chapters of which the author brings all his learning to bear upon the subject of operations for new noses, &c. in illustration of which he has not only quoted medical writers, but has levied contributions on the poets, the fathers, and even the Scriptures; so that we have a motley collection of references to Homer, St. Augustine, Euripides, Horace, Tertullian, St. Gregory, Aristotle, Plutarch, and the book of Genesis. The rest of the work is occupied with minute details of the manner in which he performed the operation for restoring the deficiencies of noses, ears, and lips. His method of restoring the nose was to dissect a portion of integument, of a square or oblong shape, from the arm of the patient, so that one side of the square or oblong should remain attached to the arm, and the flap being previously twisted might be brought in contact with the face. He then proceeded to dissect away the integuments of the edges of the deficient parts. A model of the proposed end of the nose was made of paper; and this, when flattened, served as a pattern for shaping the graft, or flap of skin. The graft was then brought to the nose, by lifting the arm, to which at one end it still adhered, and being found to fit, was fastened by ligatures. The graft or flap of skin having been thus applied to the defective nose, the patient was bound so that he could not stir in any direction. At the end of twelve days the patient's arm was released from his face, the septum was modelled, plasters and bandages applied, and great care was to be taken for some time to defend the new nose from accidental injury.

This is the Taliacotian, or Italian method of operating for artificial noses. The works which have been written since this time, on the nasal operation, are little more than abridgments of the treatise of Taliacotius. In fact, the art appears to have almost died with him, and neither France nor Germany were ever acquainted with it, but as an art in use among certain practitioners in Italy. The nasal operation was recommended by Dr. Read, in his 'Chirurgorum Comes,' printed at London, in 1687; and a few

years after this, Sir Charles Bernard, subsequently serjeant-surgeon to Queen Anne, in a paper, inserted in Wotton's Reflections on Antient and Modern Learning, wrote in strong approbation of the art, and wished it to be introduced into English practice. Van Helmont, in his treatise *De Magneticâ Vulnerum Naturali et Legitimâ Curatione,* relates a story of a native of Brussels, who, having lost his nose in battle, repaired to Taliacotius to have it restored. As he dreaded to have the incision made in his own arm, a labouring man was found, who, for a remuneration, suffered the nose to be taken from his arm. About thirteen months after his return to Brussels, the adscititious nose suddenly became cold, and after a few days dropped off in a state of putrefaction. The cause of this unexpected occurrence having been investigated, it was discovered, that at the same moment at which the nose grew cold, the labourer at Bologna expired! Dr. Fludd also, in his 'Defence of Weapon Salve,' says, that a nobleman in Italy, who lost a great part of his nose in a duel, prevailed on one of his slaves to suffer a piece of the flesh of his arm to be cut out, which was so managed, by a skilful surgeon, as to serve in the place of a natural nose. The slave being rewarded and set free, went to Naples, where he fell sick and died; immediately on which, a gangrene appeared on the nobleman's nose.

It is to these superstitious stories, and not to the works of Taliacotius, that Butler refers in the passage which we quoted in our last number from the first canto of Hudibras. In the two hundred and sixtieth paper of the *Tatler* will be found a very facetious lucubration on the subject of new noses, founded on the lines of Butler. We gave Voltaire credit for the idea of interring the nose in the same coffin with its parent; but he is so confirmed a plagiarist, that it is never safe to ascribe to him the merit of originality, and accordingly, he appears to have been indebted for this joke to the writer in the Tatler.

Among the stories of adhesions of the separated nose, the following, which is related by* M. Garengeot, a French surgeon, whose high reputation procured for him a seat in the Royal Society of London in the year 1728, is one of the most marvellous. "In the month of September," says M. Garengeot, "a

* Dr. Balfour, of Edinburgh, has published a case of adhesion, almost as extraordinary as that related by M. Garengeot. On the 10th of June, 1814, a man came to him with half the index of the left hand wanting. Dr. B. inquired what had become of the amputated part. The man told him that it had been struck off by the stroke of a hatchet, and that he had never looked for it, but he believed it would be found where the accident happened. Dr. Balfour despatched a man, who accompanied the patient to search for it. In about five minutes, the man returned with the piece of finger, which was white and cold, and looked like a piece of candle. Without the loss of a moment, Dr. B. poured a stream of cold water on both wounded surfaces, to wash away the blood from the one, and any dirt that might adhere to the other, and then applied with as much accuracy as possible, the wounded surfaces to each other. On the 2d of July the re-union of the parts was complete, and Dr. B. remarks that 'the finger was, in fact, the handsomest the man had;' an observation, which reminds us of the predilection of the wag, who, being condoled with on the loss of his leg, replied, that he was sorry for it too, for it was his *favourite* leg.

soldier of the regiment of Conti coming out of L'Epée Royale, from an inn in the corner of the street Deux Ecus, was attacked by one of his comrades, and in the struggle had his nose bitten off, so as to remove almost all the cartilaginous part. His adversary perceiving that he had a bit of flesh in his mouth, spat it out into the gutter, and endeavoured to crush it, by trampling upon it. The soldier, who, on his part, was not less eager, took up the end of his nose, and threw it into the shop of M. Galin, a brother practitioner of mine, while he ran after his adversary. During this time M. Galin examined the nose which had been thrown into his shop, and as it was covered with dirt, he washed it at the well. The soldier returning to be dressed, M. Galin washed his wound and face, which were covered with blood, with a little warm water, and then put the extremity of the nose into this liquor, to heat it a little. Having in this manner cleansed the wound, M. Galin now put the nose into its natural situation, and retained it there by means of an agglutinating plaster and bandage. Next day the union appeared to have taken place; and on the fourth day I myself dressed him with M. Galin, and saw that the extremity of the nose was perfectly united and cicatrized." In justice to Taliacotius it must be observed, that he did not contemplate the adhesion of parts between which total separation had taken place, and that his theory had no connexion with the extraordinary and exaggerated accounts of the union of divided parts of the nose.

The nasal operation, however, fell into neglect, at least in the west of Europe, until, at the close of the last century, it was again brought into notice by a periodical publication for the year 1794, which contained an account of the manner in which it was performed by an Indian surgeon at Bombay, on a Mahratta, of the caste of husbandmen, whose nose had been cut off by Tippoo in the war of 1792. The Indian operation which had been practised from time immemorial by the native practitioners is performed in the following manner. A thin plate of wax is fitted to the stump of the nose, so as to make a nose of good appearance; it is thin, flattened, and laid on the forehead. A line is drawn round the wax, which is then of no further use; and the operator then dissects off as much skin as it covered, leaving undivided a small slip between the eyes. This slip preserves the circulation till an union has taken place between the new and old parts. The cicatrix of the stump of the nose is next pared off; and immediately behind this raw part, an incision is made through the skin, which passes round both alæ, and goes along the upper lip. The skin is now brought down from the forehead, and being twisted half round its edge, is inserted into this incision. A little terra japonica is softened with water, and being spread on slips of cloth, five or six of these are placed over each other, to secure the joining. No other dressing than this cement is used for four days; it is then removed, and cloths dipped in *ghee* (a kind of butter) are supplied. The connecting slip of skin is divided about the twenty-fifth day;

when a little more dissecting is necessary, to improve the appearance of the new nose. For five or six days after the operation, the patient is made to lie on his back; and on the tenth day bits of soft cloth are put into the nostrils, to keep them sufficiently open. This operation is said to be always successful. The artificial nose is secure, and looks nearly as well as the natural one. It can sneeze smartly, distinguish sweet from unsavoury smells, sustain the application of the finger and thumb, and even bear to be well blown, without danger of falling into the handkerchief.

The Indian operation for the artificial nose, which is a great improvement on the Taliacotian method, was that adopted by Mr. Carpue, in the two successful cases of which he published an account in the year 1816. The cases, however, on which Mr. Carpue operated for the artificial nose, were more favourable subjects than the one on which Mr. Travers performed the operation, at the Borough, on Friday, November 7th.—In both Mr. Carpue's cases, the nasal bone was not diseased. In Mr. Travers's case, caries of that bone had taken place as early as November, 1822.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Nov. 14th. Several accidents have been brought to this hospital during the week; the most interesting of which are the following:

1. Thomas J. aged 24, was admitted into Lazarus Ward, Tuesday evening, November 11th, with simple fracture of the right tibia and fibula about the middle of the leg. The limb was placed on its outer side in a semiflexed position, and ordered to be kept wet with spirit wash. Two lateral splints, well padded, extending one on each side from the knee to the ancle-joint, were applied. The patient has had a good deal of uneasiness in the limb, which has prevented him from taking much rest, but is now doing pretty well; bowels are regular; tongue clear; appetite good; pulse natural.

2. John D., aged 52, labourer, was admitted into Lazarus ward, Wednesday morning, Nov. 12th, with an injury in the neighbourhood of the right knee-joint. On the first examination, it was thought that the outer condyle of the thigh-bone was fractured, but after the patient was put to bed, and the limb examined a second time, it was ascertained that there was a fracture of the upper and outer part of the tibia, extending 3 or 4 inches in a perpendicular direction. The limb was placed in an extended position, and cloths wetted with the spirit wash were ordered to be kept to it. A splint has been applied on the back part of the thigh and leg, from the beginning of the ham to some way below the joint; the knee-joint itself was enveloped with moistened pasteboard, and a bandage above and below the joint was applied.—The heel is slightly elevated. To day, (Nov. 14th) the limb is swollen a little, no symptoms of constitutional disturbance present. His bowels, however, have not been open since the accident. It may be proper here to state, that, in the Borough hospitals, there are no beds which have contrivances for the patients

to void their fœces, without being obliged to move themselves; and, therefore, in cases of fracture, where it is desirable to prevent motion of the fractured limb, great mischief must be done to the part from a want of some such contrivance.

3. Charles G., æt. 15, sailor, was admitted into Accident Ward Nov. 12th, with a longitudinal fracture of the left patella, and an extensive wound on the back part of the thigh and leg, of the same side. The boy, previously to being brought to the Hospital, had been carried to a surgeon at Woolwich, who applied ten or eleven sutures to the wound. Knee-joint swollen, and of a livid appearance. Straps of adhesive plaster were put to the wound; and the leg was placed on a pillow, in a flexed position. Cloths wet with the spirit wash ordered to be kept to the joint. The joint too much swollen to enable the fractured portions of the patella to be distinctly felt.

The man operated on for stone on Friday (Nov. 8th.) by Sir Astley Cooper, died on the Tuesday following. In the evening after the operation, hæmorrhage came on; and an artery (the artery of the bulb) was obliged to be secured. The quantity of blood lost was considerable.

ST. THOMAS'S HOSPITAL.

William V., the man on whom the operation for a new nose, was performed on Friday (Nov. 7th), was admitted into George's Ward, St. Thomas's Hospital, Nov. 7th, 1822, under the care of Mr. Travers. The report of the state of his nose at that period, is as follows: "Caries ossis nasi; entire destruction of the septum narium, which has existed eight months, following the excessive use of mercury." He remained in the hospital till the beginning of this year, when he went out much benefited by the means which had been employed in the treatment of his disease. In the middle of April last, he came back for the express purpose of undergoing an operation for a new nose. This, however, from various causes, was put off from time to time, and it was not till after the repeated entreaties of the patient, and that it had been judged a favourable case for the operation by Mr. Carpue, that Mr. Travers performed it on Friday, Nov. 7th, a full account of which operation we gave in our last Number. It may be necessary to state, that there was no diseased action going on in the nose at the time the operation was performed. We shall now proceed to give a daily account of this most interesting case.

Saturday, Nov. 8th. The patient was removed yesterday from the operating theatre to a warm ward; directed to have a piece of flannel kept over his face. For half an hour after the operation he had a sense of burning in his forehead. An anodyne (opii gr j) was prescribed for him to take at bed time; feels sore all over, but is in no particular pain; tenderness on pressure in the right and left hypochondriac regions; tongue white, but moist; thirsty; pulse 72, full; skin not very hot.

One or two strips of plaster were removed from the forehead and sides of the nose; nose of a livid colour, no feeling on the left side, a little on the right; has a scalding sensation on the right side of

the face; breathes by the mouth; no discharge from the wound.

Nov. 9. Passed a pretty good night; pulse 90, soft; tongue covered with a white fur, excepting at the edges, which are red; mouth parched; took a very good breakfast; bowels not open since the operation; skin cool; pain on pressure in the epigastric region.

Nose nearly black; there is more feeling in it to-day; the patient says that he has no feeling in the top of the head; left eye-lid sore; right side of the face near to the nose redder than natural; the dossils of lint were removed from the inside, together with all the dressings on the sides of the nose externally. The nose itself was ordered to be kept constantly wet with cloths dipped in heated gin. He was ordered to take half an ounce of castor oil immediately, and a table-spoonful of wine, every four hours.

Nov. 10. Did not sleep well last night, felt very giddy at times, which the patient attributes to the smell of the gin; bowels open four times yesterday, shortly after he took the medicine; pain in epigastrio removed; tongue not furred so much as yesterday, but dry; mouth still parched; pulse 72, but full; skin cool; hawks a good deal of mucus, which is of an offensive smell, thick consistence, occasionally of a dark colour, and streaked with blood, this, he says, comes from his nostrils.

The nose is of the same colour as yesterday, nearly black, excepting the root, which is of a pale red. It feels sore all over; and from the pressure of the wet cloths is very much flattened towards its base. There is a little discharge of matter from the superior part of the right side of the nose. He still continues to have little or no feeling at the top of the head. The application to the part of cloths wetted with gin was ordered to be discontinued; and a piece of lint, moistened with turpentine, to be applied to the part, and to be renewed every six hours. This, however, was done but twice, as it was countermanded in the evening, and a little simple dressing ordered instead. The following medicine was also prescribed:—

℞ Pulv. Cinchon. ʒj capiat o^{s} 4^{is} horis ex. chyatho vini rubri.

Nov. 11. Passed a very restless night.; pulse 78, full; giddiness in the head; mouth much parched; tongue a little cleaner; bowels not open.

Nose very much flattened—of the same colour as yesterday, excepting that there is a streak of pale red to be seen, proceeding from the root half way down the bridge. On the left side adhesion appears to have taken place: on the right side the edges of the nose are not in close contact with the face, there being a little furrow between them; from this part the discharge comes.—No feeling in the nose; deadness from the top of the head removed; left side of the head and face very sore.

Bread and water poultice, warm, was ordered to be kept to the nose; the wound of the forehead was dressed; looking well. Medicines to be continued.

Nov. 12. Did not sleep last night, but feels much better; pulse 84, but soft; tongue cleaner; mouth not so much parched; bowels not open.

More sensibility in the nose, very flat, and extending down to

the edge of the upper lip; the lower two thirds are very black, and appear as if they would soon separate; the upper third looks well; offensive smell from the part; discharge from the right side of the nose; a piece of lint, dipped in nitric acid wash, was ordered to be applied, and to be renewed twice a day.

13th. Did not sleep well last night; bowels not open; tongue clean and moist; pulse 72, hard; head sore all over; no feeling in the nose; discharge from it as well as the forehead; upper lip still sore. The lint wetted with nitric acid was ordered to be discontinued, and simple dressing substituted. For these two or three days past fears were entertained that the lower two thirds of the nose would slough, but to-day, Mr. Travers is inclined to think that the sloughing will be merely superficial.

Friday 14th. Slept better; tongue pale white, tip and edges red; pulse 78, hard; spirits good. Has hitherto been kept on milk diet, but to-day is allowed to take meat, beer, and porter; bowels not open since Sunday. Continues his wine and bark.

Soreness of the head and upper lip still continues; some feeling in the nose; of the same colour, black; discharge from the part rather acrid; no adhesion on either side; the left side of the nose closer to the integument of the cheek than the right; wounds of the forehead dressed every day; the granulations are very healthy.

Three or four accidents have been admitted this week. Two burns: a case of fractured rib, &c.

The child operated on for stone, by Mr. Travers, Nov. 7, has had no bad symptom whatever.

ST. GEORGE'S HOSPITAL.

Nov. 14. No accidents of any importance have been brought to this hospital during the week, nor have any operations been performed.

MIDDLESEX HOSPITAL.

CASE OF STONE IN THE BLADDER.

Robert Hayden, 5 years old.

This child has frequent desire to make water, and after voiding it is in great pain. His foreskin is long and a little inflamed, and in the agony of his suffering he pulls the penis, drawing out the foreskin. These symptoms sufficiently indicate the presence of a stone in the bladder.

Oct. 3. To-day the child was sounded, and a stone discovered in the bladder—it is moveable, being sometimes felt on the convex surface of the sound, and at other times on the concave.

7. He was again sounded to-day, and the stone felt.

18th. The sound was again introduced, and at first the stone could not be felt; but upon lifting the hips and lower extremities, and making the child rest upon his shoulders, the stone came again in contact with the sound. He sleeps well, and suffers most when he is up.

19th. The operation is fixed for Thursday next, the 21st. The bowels to be opened with small doses of calomel and rhubarb; and to have a dose of laudanum before the commencement of the operation, with the view of enabling him to retain his urine.

21. Operation. The staff being introduced, and the child secured in a proper position, the incision was commenced by introducing the point of the knife between the staff and the left crus penis; and the incision was continued downwards to the left side of the anus. A cut was then made towards the neck of the bladder. The point of the scalpel was then thrust inward, and obliquely upwards, into the grove of the staff, and carried on in this direction through the prostate. The nail of the fore finger of the left hand being now admitted into the grove of the staff, a straight probe-pointed bistoury (being the knife invented by Mr. Thomas Blizzard), was introduced along the grove of the staff, and the wound of the prostate enlarged. The effect of this instrument being unsatisfactory to the operator, he introduced a curved probe-pointed bistoury, after which the finger was admitted to the bladder, and the stone felt. The blunt gorget being now introduced the forceps were passed along it to the fundus of the bladder, but the efforts of the surgeon were not successful in seizing the stone: wherefore, withdrawing the forceps, the finger was introduced, and the stone being felt was with assistance of the scoop or lever extracted. Before the wound was dressed, a tube was introduced into the bladder—a piece of oiled lint was then put over the wound and the bandage brought round upon the perinæum to which the tube was attached.

31. There has been nothing particular to notice in this child's case. Such symptoms as gave a little alarm, were upon a closer inspection referred to disorder in his bowels; this by a few dozes of calomel and rhubarb, was speedily relieved. On third day, the tube was removed from the wound, which is in a healthy condition.

Nov. 8. The urine comes by the natural passage, and the wound is rapidly closing.

14. Runs about the ward quite well.

This operation was performed by Mr. Cartwright.

Nov. 13.—J. H., aged , a labourer, residing in Marylabone Court, was brought into the Hospital about five o'clock this evening, under the following circumstances:—Whilst at work, in ascending a ladder, his foot slipped, and he fell from the height of 8 or 9 feet upon some iron railings, encompassing an area. The point of one of these railings penetrated his back, about 3 or 4 inches, just below the inferior angle of the scapula, on the right side, fracturing his ribs near the spine, and taking a course upwards and inwards. He remained in this awkward situation for nearly five minutes, his feet barely touching the ground, when his fellow-labourers released him. The wound, upon examination, had not exactly the appearance of a puncture, but very nearly so. The extent of the injury could not be readily ascertained. The House Surgeon reduced the parts as nearly as possible to their original situation, which were kept together by adhesive straps. A compress and roller were afterwards applied. V. S. brachio ad ℥xx. Bowels to be opened with equal parts of calomel, jalap, and ginger. Breathes with great difficulty—complains

of a sense of fulness in the chest, by which it is feared there is extravasation of blood to some extent. No appearance of emphysema—no discharge of blood from the wound. Eight o'clock, p. m.—Symptoms not at all reduced—breathing still more difficult—complains of great pain in the wound, extending down in the course of the spine to the loins. Pulse 80, not all particular.

14th.—Pulse 74, rather full—breathes more freely—pain in the wound, and sensation of fulness in the chest still continues. V. S. ad xxx.—To drink linseed tea, with a small proportion of the tinct. camph.

The only other case worth noticing this week is that of J. D. æt. 36, residing at Barnet. He was brought here in a cart from the other side Barnet, on the 28th of October last. He was thrown down by the horses attached to a mail coach, the wheels of which went over both his thighs and fractured them. The right, a compound fracture, — the bone protruded about a hand's breath from the internal condyle; a profuse hæmorrhage followed. The other thigh bone was fractured a little further up. The hæmorrhage was stopped, the protruding bone reduced, and both thighs were placed on the inclined plane. Tumefaction and heat in both thighs then came on. Twenty leeches were applied, and afterwards a lotion, composed of acetate of ammonia, spirit of wine and water.—A draught of senna and salts was given him.

30th. Passed a good night; his thighs remarkably easy; pulse quiet; tongue clean. A draught of infus. senna with ʒiij liq. ammon. acet. ter die.—Calomel and antimony every night.

Nov. 3. Considerable tumefaction extends into the right knee-joint. It is feared the fissure of the bone has extended into the joint. Apply a dozen leeches to the knee-joint.

The man has since been free from all pain; the thigh-bones retain their position, and he is going on very well.

Sarah H., æt. 25. — This young woman in her first labour met with a very melancholy accident. The child's head suddenly descending, burst through the perinæum, and formed one opening of the vagina and rectum. The consequences of this rupture are very distressing: the womb and vagina falling down on the slightest exertion and even on assuming the erect position. This patient applied some time since for the purpose of submitting to an operation, but, being at that time in a state of pregnancy with the second child, the operation was of course deferred. She is now returned for the same purpose, and although the case is nearly hopeless, it was determined to attempt something for her relief.

The operation was performed on the 17th of October, in the following manner:

After distinguishing as carefully as possible, the exact extent of the laceration, and marking the commencement of the cicatrix on the side of the labium, a tenaculum was introduced for the purpose of lifting up the substance. A portion was then dissected off down to the slit in the anus; another portion was in the same way dissected off on the opposite side. The

twisted suture was used, but as the lips of the womb gaped a little, a simple suture was likewise employed, and the whole brought together with as much precision as had been anticipated. A pessary was now introduced to force up the uterus, and to prevent the protrusion of the parts. Simple dressings were applied and over them a dossil of lint dipped in cold water.

Enema amyli cum Tinct. opii gtt xl statim.

Nov. 14. This woman is now in the same situation as previous to the operation, for the edges of the womb did uot unite by the first intention, consequently no relief has been obtained. She at present uses the pessary which prevents the protrusion of the uterus, &c. Most cases of this kind, if of any extent, are melancholy and hopeless from the first.

There have been no operations this week; and excepting a simple fracture of the tibia, no accidents worth noticing.

THE LANCET.

SUNDAY, NOVEMBER 16 1823.

In our last we briefly alluded to the Tract Society Meeting, held at the Orange-street Chapel, on Wednesday week. We shall now add a few more words on this subject.

Having been informed by an anonymous correspondent that such a meeting was to take place, and that *our friend* the *Rev. W. B. Collyer was to preside*, we attended it for the purpose of witnessing, once in our life, the proceedings of these tract people. The Chapel is a large one, and it was very full. A platform was erected in front of the pulpit, having around it a rail covered by *scarlet cloth.* Upon the platform were the committee, about twenty methodist parsons and *four of the life guards.* This union of *parsons* and *soldiers* brought to our recollection many recent events. Shortly after six o'clock, a motion was made and seconded, that Dr. Collyer should take the chair: this was carried, and the Dr. took it accordingly. One of the parsons then prayed for a blessing on the business of the meeting, which, *properly* interpreted, meant, we apprehend, *a good round subscription from the flats.* Dr. Collyer then, in a short speech, alluded to the object for which they had met; he passed many eulogiums on the tracts; compared them to grains of corn, which, when sown, increase a hundred-fold; and called them winged messengers of heaven.

The chairman then requested the secretary to read the report: this he did; and a precious piece of cant it was, as the following extracts

from it will show; it stated, that "Before the Tract Society infidelity had decayed, and true knowledge was advancing. In their labours many facts had fallen under the committee's notice, when they had distributed the *bread of life*; but they would confine themselves to one. A visitor had entered a chamber where a female, plunged in affliction, was sitting on a bed; he was respectfully received, for she was a pious woman. Her husband was lying in bed, afflicted in body, and wasted by a life spent in debauchery and drunkenness. By a tract he was brought to a knowledge of his past sins, and deplored his lost time. At the last visit, this afflicted couple were in a state of great worldly distress, for they were about to take refuge in the parish workhouse; but the man had passed through a state of repentance, and he was cheerful, for he was persuaded that he had found grace.

"The soldiers in the King's Mews, which were always open to the committee, had received numbers of tracts with eagerness, and had willingly distributed them. So also the soldiers in the Horse Barracks, Regent's Park, had become circulators of religious tracts.

"From the scanty earnings of the poorest of the people, 6*l.* 7*s.* had been received for the purposes of the society. The committee had distributed 5000 copies of a Tract, called *The Fair*, in the avenues leading to Bartholomew Fair; and one boy had been met with, who declared he would never again go to fairs, for he now knew that God would be angry with him if he did."

After this fulsome trash had been read, with much more of a similar description, the Rev. John Townshend proposed the first resolution; and, in the course of his speech, said that "*the distribution of Tracts facilitated the operations of ministers.*"

The Rev. Arnold White was the next speaker. In the course of his remarks, he told the audience, "that by their bringing something to lay on that altar, might be the means of paying off some of the heavy weight of obligation due to God." The Rev. Gentleman also *congratulated* Dr. Collyer, *on his present situation. Dr. Collyer, he said, owed every thing to the grace of God.* He trusted his *last* days *would be better than his first*, and that he would *rise* in personal honour.

The Rev. John Thomas, Mr. J. Haye, Rev. W. Chapman, Mr. C. Jones, The Rev. S. Couven, The Rev. B. Clough, Mr. W. Jones, Mr. Johnson, The Rev. J. Herbert, and *Trumpet-major Rawlins*, likewise held forth. One or more of the above individuals was stated to be from the Hoxton Academy, but *Menagerie*, we think, would have been a much better term, and hope that it will be adopted on the next occasion. In the course of the evening, after one of the motions had been carried, Dr. Collyer told the meeting, *that having passed* the resolution, *they had pledged themselves to support it*, for it would be ridiculous to adopt a motion, if they did not subscribe. A gentleman who was sitting near us, said that the Rev. Chairman had made the same observation on the previous night, at a chapel in Oxford-street.

In these proceedings, cant, knavery, and stupidity stand equally prominent. It will be seen that the report, as read by the Secretary, stated that, "Before the Tract Society, infidelity had decayed, and true knowledge was advancing;" and then to prove the truth of this sapient assertion, the report informs us, that a boy had been seen, who told a member that, in consequence of having read one of the tracts, he believed that *God would be angry with him if he went to Bartholomew Fair.* Again, the report tells us of a man and woman the committee found in great distress. The man, it seems, had been a great scoundrel, and was diseased from the effects of debauchery and drunkenness. Well, the visitor left a tract, and some time after called again. At his second visit he found the afflicted couple in great *worldly distress*, for they were about to go to the parish workhouse; but, adds the report, the man had passed through a state of repentance, and he was cheerful; for he was persuaded that he had found grace! Can it be believed that such *facts* as these are sufficient to induce people to subscribe to these societies? We are sorry to say it is but too true that they are; though one would suppose that the weakest understanding must possess sufficient penetration to see through the flimsy veil of hypocrisy in which their affairs are clothed. The tract people do not give you the *names* and *addresses* of the persons they convert; and why not? For the best of all reasons: because they cannot. But, admitting that the committee did find a man and woman as above stated, what was done for them? Why, these generous, kind-hearted gentlemen suffered them to go to the parish workhouse, without making a single effort to keep them out. Oh! say the committee, but the *tract* had made him penitent. Now, we, on the contrary, ascribe his penitence to those very powerful reformers—*poverty* and *disease.*

The speeches delivered on this occasion amused us exceedingly, but more particularly one given by an animal from the Hoxton Menagerie. One parson said, that "The distribution of tracts facilitated the operation of the ministers;" this, certainly, should have been spoken *aside to his brothers*, and not to the audience; it was evidently an error on the part of the actor, for it was plainly telling the people that the tracts, by either making them stupid, or by causing them to continue so, rendered them dupes of the first order, and, therefore, admirable objects for the designs of the crafty. After this terrible *slip*, the Rev. Arnold White told the persons assembled, "That by bringing something to lay on that altar, might be the means of paying off some of the heavy obligations due to God;" this did not *tell*—the above calamitous accident not only caused it to be utterly powerless *in the way of bleeding*, but absolutely laughable—"the mask had been off and the monster appeared." The chairman, who is a veteran in proceedings of this nature, saw the improper feeling that was excited, and therefore, by a little trick attempted to recover the lost ground.—Upon a motion being carried, he told the people that by adopting the resolution they had *pledged* themselves to support it; how this

stratagem succeeded we did not learn.

The Rev. Arnold White "*congratulated the chairman on his present situation.*" It is difficult to ascertain what the speaker meant by this, because we do not know what particular circumstance gave rise to the remark—whether it arose, therefore, from *a recollection of the depositions of Piper, Keates, &c.*, or from the company that the Doctor was *then* enjoying, viz. the *soldiers*, it is impossible to say. Mr. White added, that "Doctor Collyer owed every thing to the grace of God." Carlisle never said any thing half so impious; and if grace be usually attended by such *depositions* as the above—by "*The Bath*,"—by "*Sensation*," *&c. &c.*—as it was wished to be here inferred, we can assure the Rev. Arnold White that he will get few persons to pray for grace, exclusive of *parsons* and *soldiers*.

We again ask if Government is aware of the intercourse which exists between the tract people and the army. The report above alluded to, stated *that the King's Mews was always open to the committee, and that the soldiers there, as well as those belonging to the barracks in the Regent's Park, had become circulators of tracts*; if this be true, we can only say, that the subject demands the immediate and serious consideration of Government, for if this infamous system of intrigue be permitted to continue, at no distant period a bigotted and fanatical soldiery will overthrow all our institutions "as by law established," and spread terror and desolation throughout the land.

CHESS PROBLEMS.

No. 2.

We shall not give more than three situations in each Number; for as these problems are designed chiefly for medical students, and are intended to afford a relaxation from more serious pursuits, we are unwilling that a larger portion of time should be devoted to Chess than would be consistent with the prosecution of more important studies. The problems will be selected with a view to the attainments of different classes of players; so that while the tyro in Chess need not despair of solving some of them, players of a higher order will find ample scope for the exercise of their skill and ingenuity. Of the following problems, the two first may be solved without much difficulty. The second situation occurred a few months ago in actual play, and was the result of a series of skilful moves on the part of the white. The white gave check with his queen's bishop at the queen's rook's third square; and the black perceiving that if he interposed the knight, he would lose his queen, moved his king to the knight's square; upon which the white, by a scientific stroke, gave checkmate to his adversary in three moves. It is evident that the black might protract the mate, for a single move, by sacrificing the queen's bishop's pawn, when the bishop gives check.

The next problem, which is also original, is one of greater difficulty: there is a beautiful *coup de repos* in it. The student is strongly recommended not to move any of the pieces until he has discovered, or at least

until he is persuaded that he has discovered the whole series of moves by which the mate is effected. The *tentative* method of solving problems on the Chess-board will be found to be most unfavourable to his progress. Let him thoroughly examine the given position, and when he has fixed on the move which he thinks likely to be the first in the series, let the process of reasoning be carried on in the mind; and let him, on no account, yield to the temptation of making experiments on the Chess-board.

Problem IV.

The white is required to give checkmate to his adversary in three moves.

Position of the Pieces.

WHITE.

King at his rook's third square.
Rook at his king's knight's fourth square.
Bishop at the adverse king's fourth square.
Knight at the adverse queen's square.
Pawn at the king's knight's second square.

BLACK.

King at his rook's fourth square.
Queen at the adverse king's square.
Rook at the adverse queen's bishop's square.
Knight at the king's bishop's fourth square.
Pawns at the king's rook's second and king's knight's third square.

V.

White to win the queen or the game in five moves.

Position of the Pieces.

WHITE.

King at his knight's square.
Queen at the king's bishop's third square.
King's rook at the king's square.
Queen's rook at its square.
Queen's bishop at its square.
King's bishop at adverse king's rook's fourth square.
Pawns at the king's rook's, king's knight's, king's bishop's, and queen's rook's squares.

BLACK.

King at his bishop's square.
Queen at her square.
King's rook and queen's rook at their squares.
Queen's bishop at it's square.
King's bishop at its third square.
Knight at the king's knight's third square.
Pawns at the king's rook's, king's knight's, queen's bishop's, queen's knight's, and queen's rook's square, and at the queen's fourth square.

VI.

White to give checkmate with the pawn in six moves.

Position of the Pieces.

WHITE.

King at the adverse queen's bishop's third square.
Rook at the adverse queen's bishop's fourth square.
Rook at his queen's bishop's fourth square.
Knight at his queen's bishop's third square.
Pawn at his queen's bishop's second square.

BLACK.

King at his queen's bishop's square.

Mr. Clement, the proprietor of the *Morning Chronicle,* and *Observer*, has given the princely donation of One Hundred and Twenty Guineas towards the London Mechanics' Institute. It affords us the highest gratification to record this act of unparalleled munificence, and we feel assured that the operative classes throughout the country will appreciate the noble spirit which prompted it.

THE DRAMATIC LANCET.

No. 4.

"Strange that such difference should be
'Twixt Tweedle dum and Tweedle dee."

In our last Number we adverted to the circumstance of Covent Garden Theatre being closed on Tuesday evening, on account of Miss M. Tree's *sudden* indisposition; and offered a few seasonable reflections on the pompous and extravagant terms in which that intimation was conveyed to the public. Subsequently to our writing that article, a letter appeared in the daily journals, from the father of Miss M. Tree, addressed to the Manager of the Theatre, and enclosing a certificate from her physician. Without meaning to call in question the veracity of that certificate, or to impeach the respectability of the quarter from which it came, we must be allowed to say, that, in our opinion it is by no means a satisfactory explanation on the part of Miss M. Tree, nor a sufficient atonement for the very heavy loss sustained by the proprietors of this establishment, in consequence of her conduct. In cases of this description (and we are sorry to observe, that they are too frequent) it is not only requisite that we should learn the truth, but the *whole* truth. Be it known then to the public, and particularly to our youthful readers, whose gallantry might induce them to feel displeased at the apparent severity of our strictures, and alarmed at the prospect of her declining health, that Miss M. Tree is a very delicate young lady, who is *nervously affected*, and often troubled with "*spasms*," whenever she does not happen to like a character, or is required to sing in what she deems a subordinate part. To use an *orchestra* expression, Miss M. Tree, it appears, was determined not to be *second fiddle* to Miss Paton; and fortunately for the gratification of her *self-love*, a friendly "*spasm*" came most opportunely to her aid, and compelled the Manager, who received the *alarming* intelligence on the preceding evening, abruptly to close the theatre, to the no small consternation of the public and the serious loss of every portion of the establishment, who were all necessarily curtailed of their evening's salary; it being a current maxim with theatrical performers, as it once was with quack doctors, that "No *play*, no pay!"—How Miss M. Tree will reconcile the matter with the proprietors, who have been such serious losers by her apparently capricious and injudicious conduct; we neither know nor care. This is the second time the public have experienced the effects of the petty bickerings and contentions of the rival candidates for the chief honours of the vocal muse. At we are not hostile to the just claims of this young lady, and certainly entertain a sincere respect for her professional talents, we would just

beg leave to remind her, in the way of friendly caution, that public confidence once lost is not easily restored, and that

"'Tis more to *recover* than *conquer* a heart;
The one is all *nature*, the other all *art*."

Before we dismiss this subject, we cannot forbear paying our merited tribute of approbation to Miss Love, who so readily stepped forward at such a short notice, and with such little time for preparation, and whose able performance fully justified the favourable expectations entertained of her future success. This young lady, who, we understand, is generally beloved by all her professional associates for her affable and obliging manners, and who cheerfully offered to sit up the whole of the preceding night to study her part, is rising rapidly in public estimation, and furnishes a striking instance of what may be accomplished by real merit when coupled with persevering assiduity and diligent exertion. The beautiful quartetto in the first act, (perhaps the best melody in the Opera) in which Miss Love bore the principal part, excited universal applause, and was deservedly encored.—We omitted also, in our last Number, noticing the singing of Miss Paton, which was distinguished both for sweetness of voice, and tasteful execution. In the course of the evening she sang a *bravura* with admirable skill and science; it was both long and difficult; indeed, it appeared as though the composer had racked his invention to furnish in one single production all the difficulties and treasures of his art. The inconsiderate admirers of this young lady, however, were not contented until they had it a second time, although it was obviously against the better sense and feeling of the more humane and reflecting part of the audience. It is downright *cruelty* as well as *folly* to put a singer to such overstrained execution; and merely for a transcient gratification, to incur the hazard of destroying her health, and possibly her existence. On a subsequent evening, when we attended this theatre, we were happy to find this suggestion was not lost on the audience, but that the voice of prudence and generous forbearance ultimately prevailed.

On Thursday evening, after a representation, for the seventh time, of the new opera of Cortez to a House by no means crowded, and in which the Dress Boxes bore a scanty appearance, a new Afterpiece was brought forward for the first time, intituled, "The Ferry of the Guiers."

As this piece was denominated in the play-bills, a *Dramatic Romance*, in two acts, and was supported by the strength of several of the best performers, we naturally looked for the combined attractions of pantomimic gesture, appropriate scenery, and "eloquent music," to lend their powerful aid in furnishing some pleasing and interesting story. In all these, we were wofully disappointed. A more wretched and contemptible production never disgraced the boards of a *minor* theatre.—The incidents are puerile; the dialogue is common-place and vulgar, and the story vague and improbable. It is, however, some consolation to reflect that this piece is entirely of French extraction, and like most of this description, possesses all the vices

and imperfections of its native soil. The main business hinges upon the attempted escape of a French Count, who, with his lady and daughter, flies from his country, during the stormy period of the Revolution, to save their lives and property; and upon the various tricks and stratagems practised by his wife and daughter, to elude discovery, and prevent their apprehension. Some little interest was created in the commencement, by the forcible and impressive manner, in which Rayner, who personated the character of an old cottager, related the sad story of his son's death, who was supposed to have been drowned in his return, after conveying some passengers across the ferry to a carnival; but it was soon destroyed by the frivolity and dulness of the ensuing scenes. It was really disgusting, as well as painful, to witness the admirable talents of this performer, and the excellent acting of Miss Foote (who represented the Count's daughter in a very lively and diverting manner) thrown away on so miserable an abortion.—The Managers of this Theatre seem to have a peculiar *penchant* for putting their female performers in breeches, although we are not aware that there was the slightest occasion for this violation of decorum.—In the present instance, Miss Foote assumed the disguise of the cottager's son, to impose upon a half-witted mayor, who comes in search of the proscribed parties, with a description of their persons; and Mrs. Vining represented the son, who comes home just before the conclusion, nobody knows how or wherefore, and without giving any satisfactory explanation either of his escape from drowning, or his long absence from home.—But it would be like breaking a butterfly on the wheel, to animadvert seriously on a production, which is absolutely undeserving a moment's serious attention. The audience bore their disappointment for a long time, with a patience and good humour, that were really astonishing; and it was not until nearly the close of the piece, that any very loud and general tokens of disapprobation were expressed.—When the curtain fell, there was a storm of hisses, Mr. Farley came forward, and ejaculated something which we could not hear, amidst the uproar; but we suppose that in the play-bills, as usual, the *lie direct* will be modestly given to those who were present, by gravely announcing to the public, "That the new Dramatic Romance was greeted by an elegant and overflowing audience, with unanimous and enthusiastic shouts of applause."

TABLE TALK.

The women of high rank are strictly guarded at Constantinople; but those of the lower classes go alone in all directions. In the streets, the bazaars, the turbeks or chapels, in the cemeteries, and on the shores of the sea, at almost all hours of the day, one meets nearly as many women as men. This liberty, in so populous a city, surrounded with gardens, hills and woods, must singularly facilitate libertinism, which

is, in reality, very common in that metropolis. The countenances of these women are almost uncovered in spite of the thick veils which they wear; for they enlarge, to such a degree, the holes in them which are intended merely for the purpose of letting them see their way, that almost the whole physiognomy may be distinguished through these openings.—*Voyages d'Ali Bey.*

Foote being once annoyed by a poor fiddler "straining harsh discord" under his window, sent him out a shilling, with a request that he would play elsewhere, as one *scraper* at the door was sufficient.

LITERARY BULLS.

A painted vest Prince Vortigern had on,
Which from a *naked* Pict his grandsire won.

This celebrated couplet was probably foisted upon Blackmore; for it is said not to exist in any of his works. It is true that this point must remain in some degree uncertain; for who would read all Blackmore's Epics to ascertain it? Malignity, however, is ever diligent; and if he had really written the couplet, its existence would scarcely have been questioned at this day. It would not be difficult to produce genuine instances of almost equal absurdity, from the works of our best writers. Take a specimen or two:—

Eight callow infants *fill'd* the mossy nest,
Herself the ninth. *Pope.*

When first young Marc, in his noble mind,
A work t'*outlast immortal Rome* design'd.
Pope.

Obey'd as subjects by thy subjects be,
But know that *I alone am King of me.*
Dryden.

A horrid *silence* first *invades* the ear.
Dryden.

Nor yet perceived the vital spirit fled,
But still fought on, *nor knew that he was dead.*

Every monumental inscription should be written in Latin; for that being a *dead* language, *it will always live.*
Johnson's Life of Pope.

Turn from the glittering bribe your scornful eye,
Nor *sell* for gold *what gold can never buy.*

These observations were made by *favour* of a *contrary* wind.
Tour to the Hebrides.

The last bull reminds us of an old friend of ours, one O'Callaghan, from the sister kingdom, who, as an excuse for not returning to Eton, *wrote word* that the winds were so adverse it was impossible for the packets to sail.

One of the best practical bulls of this kind, is the following, which is given by Mr. Edgeworth, in his Essay on this subject, A gentleman writing a letter in a coffee-house, observed an officer from the sister kingdom, coolly looking over his shoulder, and perusing its contents. He accordingly concluded his letter in the following words; 'I am obliged to break off abruptly, for here is a d—d tall Irishman looking over my shoulder and reading every word I write.' 'You lie, you scoundrel,' said the officer, 'I am not.'

Another bull of this sort occurred recently at the Old Bailey. The officer of the Court upon administering the oath to a deaf gentleman, put his mouth to his ear, and bawled out 'If you d'ont hear what I say, tell me so.'

Serpents.—Careful dissections have enabled a skilful anatomist at Paris, of the name of Cloquet, to discover that serpents have a single and transparent eye-lid, which passes over the ball of the eye, and a lachrymal apparatus, the canal of which terminates in the nasal orifices of fanged snakes, and in the mouth of adders. Besides their ordinary uses, the tears, according to this anatomist, seem to assist in the deglutition of the bodies, frequently very large, which these creatures swallow.

NOTICE TO CORRESPONDENTS.

Mr. Day, the highly-respected proprietor of the baths at Addington-square, Camberwell, desires us to explain some circumstances connected with the holes in the roof through which Keates and Towsey saw the *surgical* examinations. No misrepresentation has been made, Mr. Day says, either by the men or ourselves; but the fact of a hole being in the roof of a bath is certainly calculated, without explanation, to produce an unfavourable impression. Now the explanation is this: viz. the examinations were made in the *beginning of May, and before the bathing season had commenced.* No bathing, therefore, was going forward at the time. The baths were also out of repair; and indeed it was for the purpose of removing such defects as might exist in the walls and ceilings that occasioned the masons, Keates and Towsey to be on the spot at the period when the examinations occurred.

These baths are by far the most complete that we are acquainted with, and are justly entitled to the valuable patronage of the gentry of the neighbourhood.

We think "Judex" is right.

"A Friend of Truth" is informed that the person to whom he alludes, never was a pupil at the Borough hospitals.

Monsieur l'Ennui is sincerely thanked for his very friendly communication.

The evil of which "A. P." complains is practised by English as well as Scotch Physicians. The Lancet will very shortly be applied to them.

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THE LANCET.

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SURGICAL LECTURES

DELIVERED BY

SIR ASTLEY COOPER, BART.

Theatre, St. Thomas's Hospital,

Monday Evening,

November 17th, 1823.

Lecture Twelfth.

Having in former Lectures endeavoured to explain to you the process of Granulation, and the means by which Granulations are covered in by the process of cicatrization, I shall now proceed to direct your attention to the subject of

Ulcers.

In treating of this subject, I shall first describe the appearance of ulcers in what may be termed their healthy state, I shall then detail the several circumstances which render their cure difficult, and proceed to point out to you the remedies which are found to be the most efficacious in practice.

An ulcer may be defined to be a granulating surface secreting matter. When an ulcer is in a perfectly healthy state, the appearances which it exhibits are as follows:—The granulations are florid; the blood vessels possess a considerable quantity of arterial blood, and the freedom of circulation produces this florid appearance. The granulations are equal on the surface of the sore, rising a little above the edges; for it is necessary, in order that a sore should heal kindly, that the surface of the ulcer should be a little more elevated than the surrounding edges. The surface of the sore secretes matter which has a milky appearance, or rather the appearance of cream. The edge is whitish in colour, and adapts itself to the surface. In this manner the granulations springing from the surrounding skin, are very nicely adapted to the circumference of the sore, so that the granulations on the edge unite

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with those on the surface. When, therefore, you see the surface of an ulcer red, the granulations equal, the surface rising a little above the edge, the discharge of matter healthy, and the edge of the sore nicely adapted to the surface, you will say that this ulcer is in a healthy state. In order to produce this state of the sore, the best practice which you can generally pursue is to apply poultices and plasters. When you open an abscess, or when a wound is produced which cannot be healed by the adhesive process, the best application is a poultice, for the purpose of exciting the growth of granulations. This poultice must not be too warm; it should be gently stimulating, so as not to repress the growth of granulations, but to form a soft bed to which they may spring. The effect of the poultice is, by its warmth and moisture, to encourage such a degree of action as may promote the rising of the granulations. When the granulations have risen to the edge of the sore, then our practice alters; and it becomes our object to adapt the granulations of the edge to those of the surface. For this purpose adhesive plaster or unctuous substances are employed, with a view of pressing down the granulations of the edge of the sore on those of the surface, so as to make them unite. These are the principles of treatment in the cure of ulcers. We first encourage the growth of granulations by the application of the gentle stimulus of poultices, and when the granulations have risen to the edge of the surrounding skin, we press down the granulations of the edge on those of the surface, either by the application of adhesive plasters or of unctuous substances. The more unctuous such substances are the better; for the vessels will have a greater facility in shooting towards the centre, and the granulations embedded in this unctuous matter will more readily extend along the surface of the sore.

Such are the principles of treatment applicable to ulcers in the healthy state; we will proceed to consider the impediments to the healing process which frequently occur, and which render a different mode of treatment necessary.

The first circumstance which renders the cure of ulcers difficult, is the too prominent state of the granulations, producing what is vulgarly called proud flesh. In this state the granulations rising considerably above the edge of the surrounding skin, are necessarily prevented from uniting with those of the surface. In order to prevent the continuance of this state of the sore, the common treatment is to apply dry lint to the centre of the sore, and some unctuous substance to the edges. The lint, by its pressure, prevents the growth of granulations in the centre, while the unctuous substance allows the granulations on the edge to proceed and inosculate with those on the surface of the sore. The lint should not be applied to the edge of the sore, for if it is, the granulations will be prevented from proceeding towards the centre of the sore. The nitrate of silver, and the sulphate of copper, are employed for the purpose of destroying luxuriant granulations near the edges of the sore. Here our practice is just reversed. Lint is applied to the

centre of the sore for the purpose of keeping down the granulations on the surface; whereas the caustic is applied for the purpose of keeping down the granulations which are nearest the edge of the sore. In this way we promote the healing of the sore, forming a little circle by the caustic from day to day until we arrive at the centre. Adhesive plaster is used with the same view—keeping down the granulations. The common adhesive plaster is, however, too stimulating for this purpose; a plaster composed of equal parts of the emplastrum galbari composition and the emplastrum saponis, is a much better plaster to promote the healing of ulcers than the common adhesive plaster. This is a point deserving attention; because, if the application is of so stimulating a nature as to excite inflammation and excoriate the skin, we are often under the necessity of leaving off the adhesive plaster. It sometimes happens, that the action is so great as to oblige us to apply a sheet of lead to the surface of the sore: when this is necessary, you may apply a piece of lint covered with the ceratum cetacci, over these a piece of sheet lead, and round the whole a roller should be passed of about five yards in length. These are the various modes of treatment in this state of the sore.

The next circumstance to which we shall advert, as giving rise to difficulty in the treatment of ulcers, is a languid state of the sore, in which its action is too slight. What is the character of such a sore? You may know that a sore is in this state, by the glossy and semi-transparent appearance of the granulations; instead of the florid hue which characterises granulations in their healthy state, a considerable portion of them is bloodless. The fact is, that the vessels near the surrounding parts have not sufficient power to throw the blood to the extremities of the granulations. To remove this glossy appearance, and produce a healthy state of the sore, the application most commonly used is the unguentum hydrargyri oxidi rubri. This is a strong stimulating application, which occasions a determination of blood to the part, and produces a florid redness in the granulations, instead of the semi-transparent appearance which they assume in the languid state of the sore. It produces, however, a white appearance in the edge of the sore, arising from the thickened state of the cuticle, which prevents the growth of the granulations on the edge. This may be corrected by the application of the unguentum hydrargyri fortius to the edge of the sore. Lotions are frequently applied with the same view; such as the sulphate of zinc, in the proportion of two grains to one ounce of water; or the sulphate of copper, in the proportion of one grain to three ounces of water. The oxymuriate of mercury, and the liquor calcis, are also used for the same purpose. In addition to these applications, it will be necessary to bind up the sore with a roller, and to allow the patient to take a great deal of exercise; for, without exercise, a healing disposition will not be produced in the sore.

It will be highly useful in these cases to employ some stimulating plaster, such as the emplastrum galbani compositum, for the adhesive plaster will not answer the

purpose; the sores are languid, and the object is to increase the action in the part; this will be greatly assisted by giving the patient a nutritious diet, allowing him at the same time to take exercise; and in fact by doing every thing to improve the constitution.

Well, the next stage of ulcers we come to, is that to be met with in patients on their admission into the hospitals. When the surgeon goes round the hospital on the first day after the taking in, he will meet with a number of persons with inflamed ulcers on their legs; and what, I ask of you, is the character of these sores? You know that there is a serous discharge from these wounds, a bloody ichor, composed of serum and the red particles of the blood, a disposition in many cases to slough, that the surface is covered with a brown incrustation, and the skin and surrounding parts are highly inflamed. Well then, you will find that the same treatment, which is applicable to inflammation in general, will be of service in these cases, where inflammation has been kept up for a long time to a high degree. Rest must be enjoined; the patient must also keep in bed in the recumbent posture. Fomentations and poultices must be employed: fomentations will tend to produce a secretion from the part, and poultices by their soothing quality to promote the growth of granulations; both will evacuate the matter from the wounds. Then with these applications the vessels begin to form, the sore assumes a better appearance, healthy secretions are thrown out, and granulations shoot up, fibrous matter is deposited, and in a little you will have the skin covering the wound. Fomentation, poultice, rest, and the recumbent posture, must be enjoined, and the patient must be purged; the best cathartic that you can administer is calomel and compound extract of colocynth, five grains of each at bed time; and a draught of the infusion of senna and sulphate of magnesia on the following morning; by this plan you will do more to subdue the inflammation than by any other I know. If the part in the neighbourhood be much inflamed leeches had better be applied near the circumference of the ulcer; with this treatment in a very few days granulations will spring up, pus will be secreted, and the surrounding edges will assume a healthy appearance. Without, however, attending to the constitutional treatment, all your local applications will be of very little avail.

Gangrenous Ulcers.—This kind of ulcer you very frequently see; a man who has been in poverty and distress for a long time, going up and down the streets of London, looking out for an asylum where he may rest his head; this person comes to the hospital at last in a reduced and emaciated state. When you see a wound of this description, you will know it by the surface being perfectly free from discharge, the surrounding edges of a livid appearance, with small vesicles or blistered spots on them, and the patient suffering much from irritative fever; seeing this state of the wound, then you enjoin on the patient the recumbent posture which is essentially necessary to promote absorption of the dead parts. The principle of treatment in these cases is to pro-

duce a very slight stimulus in the part; sometimes, when the action is excessive, you must, on the contrary, sooth the part; both will be sometimes good. When there is debility of the part, slight stimulus should be employed; and when there is excessive action, it is not desirable.

The best application that I know for producing a slight stimulus and checking gangrene of the part, is the nitric acid; there is none equal to this: fifty drops of it to a quart of distilled water will be found a most useful remedy, the acid may be carried to a drachm; this may be done or not, just as it may give pain to the part; but generally the average dose is fifty drops. I have seen in a short time after this application, a quick separation of the parts from sloughing, to which there is always a tendency; and healthy granulations spring up, being, as the chemists would call them, oxygenated; that is to say, the carbon being thrown off from the arterial blood in the vessels with which they are supplied. Here the granulations are of a beautiful florid red; this then is a most useful remedy.

Oiled silk should be applied to the wound, so as to prevent the smell arising from the parts tainting the room; for it is always considerable when the process of sloughing is taking place, and granulations are arising; an advantage, though a slight one, compared with the others, in the use of the nitric acid, is that the offensive smell is nearly taken away by it, the sulphuretted hydrogen is destroyed. Another very good application to sores of this kind is nitre, in the proportion of one drachm to a pint of water; this agrees very well with the sore, and has the same effect, though in a diminished degree; it appears that all the preparations of the nitric acid are good. Sulphuric acid is of use also in these cases, six drops of the acid to an ounce of water; the muriatic acid has not the same effect as the other two. If nitric acid be applied to the wound, the granulations will assume a red and healthy look; if the sulphuric be, they will have nearly the same appearance; but if the muriatic acid be put to the wound, it will be seen that it will have a comparatively slight effect on the granulations, and, therefore, it is an inferior remedy in the treatment of these wounds. Poultices made of port wine, porter, dregs of lees, yeast, a large spoonful of it to a pint of meal, may be all used. Gentlemen, you must have recourse to a great variety of applications; for after you have tried one, which at the beginning did good, you will, from the wound getting worse under its use, be obliged to change it for another, and so on. There is at this time a girl in the other Hospital with sloughing of the pudendum; a variety of means have been used, which all, at the outset, relieved her a little; but none continues to do her good for any length of time, and she will, most probably, in the end, fall a victim to the disease: it is upon this account that I mention to you so many remedies. The carrot-poultice is also a very good application. The constitution of the patient must be attended, or else the local means will do very little; therefore, local applications must be aided by constitutional

remedies, and what is the best medicine that you can administer? Opium and ammonia, Gentlemen, twenty drops of tincture of opium, three times a day, with ten grains of the ammonia, in an ounce and half of camphor mixture, and a little (one drachm) of compound tincture of cardamom.

℞. Mist. Camph. ℥iss.
Tinct. Opii gtt xx.
—— Card. Comp. ʒi.
Ammon. Carb. gr. x.—M.
Fiat haustus ter die sumendus.

This is the medicine which agrees best with the patient; he must be well nourished, or at least he must have as much as his digestive powers will allow; port wine also must be given, and spirits must be allowed to those who have been addicted to their use: by brandy and opium I have seen these sores cured; in fact, they are our sheet anchors in the treatment of these ulcers. But more of this in another Lecture, as I shall have to speak of gangrene again.

The next kind of ulcer that I come to is the Irritable Ulcer.

This sore is extremely difficult to cure. How then are you to know it? When you find the granulations most unequal. In some parts they are very high; in others very low. The discharge from the wound consists of a bloody pus. I do not know what to compare it to better (though it is not quite so good) than strawberry cream (*a laugh*). It is pus mixed with the red particle of the blood. This sore, then, may be known by the inequality of the granulations, the nature of the discharge, and the great pain and tenderness in the part; so that the patient, when touched in that part, is like a sensitive plant. As you may be sure to find considerable difficulty in the treatment of these sores, I will tell you, the best application that you can make use of is one compound of the cetaceous ointment, red oxyde of mercury, and powdered opium.

℞ Unguent. Cetacei } ℥ ss.
—— Hydr. Nit. Oxyd. } (a a)
Pulv. Opii ʒj.—M.
Fiat unguentum

This must be spread on lint, and applied to the part twice a day. What are the internal remedies you ought to exhibit in these cases?—Gentlemen, calomel and opium: these are the medicines on which you are to rely: a grain and a half of calomel and a grain of opium morning and evening.

℞ Hydrarg. Subni. gr. iss
Pulv. Opii gr. j. M.
Capiat nocte maneque.

Nothing will be of so much service as this medicine. It should not be carried so far as to produce ptyalism, or to affect the constitution severely; but it should be given so as to restore the secretions, and to diminish the action of the nervous system. The calomel will do the first; and the opium will lessen the nervous irritability. The treatment of inflammation has been improved of late by calomel and opium The effect of this medicine in chronic inflammation may be seen in the disease called Iritis. Here calomel and opium must be exhibited, nor should a deposit of white matter, having the appearance almost of pus, into the anterior chamber of the eye, be any barrier to their use. Give five grains of calomel and a grain of opium night and morning; and in the space of a week, if the eye has not suffered a good deal, nor has

been disorganized, this remedy will correct the inflammation. There are other aids we use, such as the compound decoction of the sarsaparilla. Some think it a placebo; others have a very high opinion of its efficacy. I do not think much of it myself in those cases; but after the use of mercury it diminishes the irritability of the constitution, and soon soothes the system into peace. With this view, its aid, combined with other remedies, may be of use. So much for irritable ulcers. Before I conclude this part of the subject, however, I will mention a case which just occurs to me: I allude to that of Mr. Lucas, the surgeon of the other hospital. That gentleman, in consequence of having pricked his finger, had a very irritable sore, which obliged him to go into the country, where he remained for a considerable time. The remedy which he found most efficacious for bringing the sore into a healing state was the application of a solution of nitric acid, very much diluted, and the compound decoction of sarsaparilla. From the latter he thought he derived considerable benefit. By these means, and by attention to his general health, he effected a cure; but his life was in considerable danger from the irritable sore produced by this apparently trivial accident.

Sinuous Ulceration.—It is necessary to explain here well what I mean. Whenever, therefore, a sore extends to any considerable depth, so that the discharge has to travel through a channel before it arrives at the surface, such an ulceration is called sinuous. There are two reasons why these ulcerations are difficult to heal: first, from matter forming at the bottom, forcing its way through the passage, and thereby disturbing the healing process by breaking down whatever adhesions or granulations form on its sides; and, secondly, the same interruptions occur from the actions of the muscles, when these ulcerations happen in muscular parts; thus, if the healing process has commenced in fistula in ano, when the sides of the fistula are at rest, the first time that the person has a motion, the sphincter ani, by its action, will destroy all the newly formed adhesions and granulations, consequently, if the sphincter be divided and the parts have rest, granulations will form, remain undisturbed, and a cure be the result; this clearly shows that the motions of the sphincter occasioned a continuance of the evil. Sometimes in these cases, for the purpose of exciting the adhesive inflammations, injections are used; now which is the best? In my opinion, tinctura lyttæ; it readily produces inflammation; adhesive matter becomes thrown out; you take care to keep the sides of the sinus in contact; and by these means, the parts will permanently coalesce. Sinuses of the rectum, however, are seldom cured without operation; indeed, I have met with but two such cases; one was that of a gentleman who came from the North of England; he had been annoyed by a fistula on each side of the anus, and one of which was operated upon by the late celebrated Mr. Hey, of Leeds; he was cured on that side by the operation; but as it was attended with great loss of blood, the patient was too much frightened to be cut again, and came to town for my

advice. I examined him; and finding that there was considerable space between the anus and fistula, I advised him not to submit to the operation, and said that I would try to relieve him without it. I injected first port wine and water: this did not answer; it was not sufficiently powerful. I therefore threw in port wine alone, and succeeded in obliterating the canal. I was fortunate in this instance; for I can assure you, that fistula in ano is seldom, very seldom completely cured, without operation. When you do not succeed by injection, you may then employ the caustic bougie. Still pressure will be necessary; and it is quite impossible that you can succeed without it. When the fistula is very deep, it may be divided into two; or a seton may be introduced, and kept in for a fortnight or three weeks, with a view of stimulating the parts for the purpose of filling the cavity with granulations.

St. Thomas's Hospital.

Wednesday Evening, Nov. 19, 1823.

Lecture Thirteenth.

In this Evening's Lecture I shall continue the subject of Ulceration. Ulcers are frequently formed for the purpose of allowing the discharge of extraneous bodies; when such substances become lodged, therefore, in any part of the human frame, inflammation is excited—pus becomes secreted—which, pressing towards the surface, ulceration takes place, and the extraneous substance is thus afforded an opportunity of escaping. Ulcers frequently occasion, to a very considerable extent, exfoliation of bone; here you can assist nature by applications, which act chemically on the parts; apply for this purpose, a lotion composed of muriatic acid and water, or nictric acid and water; this wash will dissolve the phosphate of lime, or earthy matter of the bone, and by removing this inanimate substance, the power of the absorbents will be increased, and a quicker separation of the diseased from the healthy parts, be the consequence. The acids, however, have not so great an influence in these cases as you might be led to expect from what chemical writers have stated; still, however, you will find them to be of use, and they should therefore be employed.

Ulcers that occasionally form on the fingers and toes, are sometimes exceedingly difficult to heal, from an irritation caused by portions of the nails; you may think this too trifling a subject to require a moment's consideration; but I can assure you the truth is far otherwise. A nail, for example, from pressure or some other cause, shoots into the skin beside it; a fungus springs up; the surgeon applies caustic, and destroys it; in a short time it rises again; the caustic is repeated, and the fungus disappears; it speedily, however, returns, and will continue to do so, notwithstanding all his efforts to the contrary, unless he remove the irritating cause; now this cause is the projecting portion of nail, as soon as that is got rid of, the fungus will cease to grow,

and the ulcer immediately heal. The best methods to adopt for the purpose of radically relieving these troublesome affections are as follow:—Pare down the nail as thin as you can without producing bleeding, then raise it a little, and introduce between it and the sore a small piece of lint; in this way the irritating cause may generally be removed. It sometimes happens, however, that the sore is so exceedingly irritable, that even lint cannot be lodged on its surface without producing great increase of inflammation and pain; in such cases, what I do, is this: with a pair of scissors, I slit up the nail on that side where the disease exists, and then with a pair of forceps turn back and completely remove the divided portion. This is a very painful operation certainly, but I have known persons get well by this treatment in ten days, where the complaint had for months resisted every other; the applications to be used after the operation are of little importance; poultices are the best, and these will be required but for a very limited period; for the irritating cause having been removed, the fungus will soon disappear.—The next best plan to be adopted, for curing these cases, is the application of a blister; this brings away the cuticle, and often the nail along with it. The most lenient method is the one first mentioned, viz. the introduction of a piece of lint. Mr. Hunter, in alluding to this disease, said, that the parts were not in a state of harmony: this is very true, and a very proper expression; he also applied it to those cases where a disease in the gland producing the nail, causes the nail to turn black; such affections are not uncommon, and are often thought to be syphilitic, and I have frequently known persons salivated in consequence; this opinion, however, is perfectly erroneous. You must wash the sore with liq. calcis and calomel, and administer the pil. hydr. submur. comp. and decoct. sarsæ.

Sometimes, in these cases, we are obliged to dissect out the gland that produces the nail; and though the operation is a most painful one for the patient, yet we are, for the purpose of affording permanent relief, compelled to perform it.

Whitlow, what is it? Why an exceedingly painful swelling, terminating in an abscess by the side of a nail. The principle is this: the matter forms at first under the nail, but being unable to force its way through that horny substance, burrows under it, thus producing excessive pain and irritation. Fungus excrescences often arise in these cases, which induce the surgeon to apply caustic; this practice is worse than useless. You should, after fomenting or poulticing the part, remove the loose portion of nail; this permits the matter to escape, and instantaneous relief is the result.

The next ulcer that I shall describe is the *menstrual*; I mean by this, a sore which is once in three weeks or a month covered by blood. This complaint is connected with amenorrhœa. In going round the hospitals, you all must have observed that females will one day have their sores covered by pus, and probably on the next day covered by blood—in fact the menstrual ulcer is of very common occurrence. You must wash these sores with liq. calcis and calomel, give to the patient

the mist. ferr. cu myrrh. and pil. hydr. submur. comp., an ounce and a half of the former twice or three times a-day, and five grains of the latter every night at bed-time. These medicines will generally succeed in improving the state of the constitution, by restoring the defective secretions.

The next ulcers that I shall describe are those which arise from *varicose veins:* and here I shall detain you for a few moments, as the subject is one of some importance. The veins in different parts of the body often become varicose, but those of the lower extremities by far the most frequently so. This condition of the vessels may arise from a variety of causes; but the more immediate one appears to be either a thickening of the valves, so that they are incapable of approximating; or a rupture of the valves: in either case the effects will be the same—the blood pressing in one uninterrupted column—the veins become distended and serpentine, and the valves widely separated from each other—the arteries by *their* powerful attempts to return the blood to the heart soon excite inflammation; and, ulceration quickly supervenes. What are the common effects produced here by the first desquamation of the cuticle? Why the whole surface covering the diseased veins is formed into a crust, and under which becomes secreted a quantity of serum. The first thing to be attended to in these cases is the recumbent posture: in fact, this position is indispensable; you can do nothing without it. Lint wetted by the mercurial wash should be laid on the ulcers—oiled silk over these, and then the limb should be well and regularly bandaged, beginning at the foot. The bandage allows the valves to recover their lost action, and consequently will be found to be highly useful. Another great benefit is derived in these cases from opening the veins; indeed, they are so distended that they may more properly be termed lakes than rivulets. If you do not open the vessels, you will find considerable difficulty in the progress of cure. The best plan that you can adopt is to puncture them by means of a lancet, twice in the course of every week as long as you think they require it; let the bandage be afterwards applied, and the parts kept wet by means of evaporating lotion. No danger whatever attends the opening of these veins, and very great relief will be afforded by it. If the punctures, however, at any time should not unite, but fret into ulcers, you must apply to them the liq. calcis and calomel. It often happens that persons who, for any length of time, have had the veins of their lower extremities in a varicose state, will find at night a great quantity of blood in their shoes; the crust before alluded to coming off, is the cause of the hemorrhage. Upon being called to a patient so situated, you put him in the recumbent posture, apply a bandage, wet the part constantly, either with the spirit wash or cold water, and in all probability, you will soon get rid of the disease altogether.

Pregnancy is a frequent cause of varicose veins, so also is obesity.

It was formerly the practice, when the veins were in a varicose state, to tie and divide them. This plan is still pursued by many surgeons; but it is one, Gentlemen,

that I have deprecated in my Lectures in this Theatre for the last eight or nine years: it is bad treatment; very injudicious, and fraught with great danger; therefore, let me exhort you never to sanction it. I have seen this operation prove fatal in two instances in these Hospitals; therefore I was induced to say that it did not succeed, and have for years spoken against it. A gentleman of Nottingham informed me, that he had tied the vena saphena, for a varicose state of the veins of the leg in a young farmer, in other respects healthy, and the operation proved fatal. The same lamentable catastrophe occurred to a most respectable practitioner at Brentford; and both these gentlemen told me, that they would not again perform the operation for the world. If I were to tell you all the cases in which I have known it terminate fatally, I should recount at least a dozen. Another *overwhelming* objection to the operation is, that when it does not prove fatal, its ultimate effects are perfectly nugatory. If I were asked which of the following operations I would rather have performed upon myself, viz. the saphena major vein, or the femoral artery tied, I certainly should choose the latter. When an artery is tied, the inflammation is *above* the ligature, but in a vein, it is below; in this case, the vessel becomes terribly distended, the inflammation uncommonly severe, and either extensive suppuration, mortification, or death the result.

Mr. Travers has written an admirable Essay on this subject, which well deserves your attentive perusal.

Ulcers are sometimes occurring in the cellular membrane, from what we call chronic carbuncle.

When the constitution is impaired, from whatever cause, it frequently happens that small swellings will form under the skin. At first they are red; then turn purple; and ultimately slough. The ulcerative process is slow in these cases. A white substance will soon be perceived at the bottom of the sore, and as soon as this comes away, healthy granulations will rapidly form, and the wound become healed. Constitutional treatment, however, in these cases, must not be forgotten; for unless you improve the general health, the ulcers will not get well. You should administer aperients, such as the infusion of senna, Epsom salts, &c. and give alteratives—the Plummer's pill will be found the best. For females, where great general debility has given rise to the formation of these sores, no medicine can equal in power the carbonate of ammonia. I shall have frequent occasion to allude to this. I generally give it in the following form:—

℞ Ammon. Carb. ʒss.
Aq. Menth. Virid. ℥ vss.
Tinct. Cardam. Comp. ℥ ss.
M. fl. Mistura.

If any one medicine improves the nervous system when deranged more than another, it is this. I have often prescribed it for females when in a state of extreme weakness, and its effects are truly astonishing: two table-spoonfuls of the mixture may be taken two or three times a day. If the poultices have not the effect of exciting the granulating process, you may wash the sores with the

liq. calcis and calomel lotion, or gently touch their surface by means of the nitrate of silver.

It not unfrequently happens that the skin in various parts of the body gets into a state of *superficial ulceration*, and without any evident cause The best applications in these cases are the yellow wash : ungt. hydr. nit., or the ungt. zinci oxydi. The internal use of the oxymuriate of mercury, will likewise be found particularly beneficial and salutary ; give it in the formula ment oned to you in a previous lecture, viz. in conjunction with tincture of bark ; a small quantity of this mixture should be taken in a little white wine, once or twice daily, according to the age and symptoms This medicine will be found a very valuable one, when the above mentioned ulcerations are connected with disease of the mesenteric glands.

There is an ulcer often existing on the face, called noli me tangere, which name imports nothing more than that you must not touch it. This disease has never been correctly described ; the truth is, that it is an ulceration of the glands or follicles of the nose, those small cavities from which you can squeeze sebaceous matter ; the ulceration extending deeply, at last even the cartilages of the nose become destroyed ; the plan of treatment to be pursued here is as follows, you must get prepared an ointment according to the following prescription ;—

℞ Arsenic Oxyd.
Sulphur Flor. āā ʒj
Ungt. Cetacei ℥j
M. fiat unguentum.

You must spread some of this ointment on lint, lay it on the ulcer, and leave it there for 24 hours ; then remove it ; a slough will come away ; you dress the ulcer with some simple ointment, and in a short time it will generally heal. If the ulcer is not deep you may cure this complaint without using the arsenical preparation, by merely painting the surface of the sore with a solution of the nitrate of silver. You must be cautious however in your manner of using this application. A gentleman once came to me with an ulcer of the kind of which I am now speaking, and which I painted in the manner described to you, with a camel's hair brush. In the course of the day, when at Lloyd's, he was asked by some friends what was the matter with his nose ; for they told him it was quite black ; and, in point of fact, it was so. I was not aware, at the time, that a solution of the nitrate of silver would have produced that effect ; and I merely mention the circumstance, that you may be on your guard. Deep ulcers, having a malignant aspect, will often remain in the faces of old persons, without producing any ill consequences, though, from their appearance, they portend the most direful effects. To such sores the best application is the lotion, composed of liquor calcis and calomel.

Ulcers frequently form in joints, arising from an inflammation caused by a deposition of the urate of soda. Persons will come to you with many joints open from this cause. A gentleman came to me, from the country, thus circumstanced. Several of his joints were quite exposed, and the cartilages of some of them

absorbed. I found in each of these joints a lump of the urate of soda; therefore, when it is necessary, you increase the openings through the skin, and remove the urate of soda, that being the exciting cause of the disease.

Occasionally, the thickened state of the edges of ulcers impedes the healing process. These edges must be adapted to their surfaces, and this may be done by means of the empl. galban. comp. which will remove the indurated cuticle, and stimulate the parts to action; if this, however, should not succeed, you may use the ungt. hydr. fort. or ungt. lyttæ; or you may, with a lancet, scarify the edges, and this method will often succeed when every other fails.

The edges of sores are sometimes very much *inverted;* constitutional treatment, as well as local, is necessary here. With respect to local, the application of the nitrate of silver to the edges, and the black wash to the surface of the wound, are generally all that will be required; and the constitutional medicines I have so often mentioned to you must be regularly given until the ulcer heals.

Some sores have their edges very much *everted*, and this affection is commonly symptomatic of a cancerous diathesis; the usual method of treatment practised in these hospitals is to poultice such ulcers; to attend particularly to the condition of the general health, until the edges have resumed a natural and healthy state. The admirable mode recommended by Mr. Baynton should be had recourse to, which, by approximating the sides of the wound, and thus facilitating the processes of granulation, and cicatrization will surprisingly contribute towards the completion of the object we have in view.

There was an amputated leg upon the table, which was sent to Sir Astley by a gentleman from Greenwich, and which Sir A. promised the class he would examine and describe at the next Lecture.

Sir Astley likewise exhibited to the students the sciatic nerve of a boy who died in Guy's from tetanus. This nerve was so highly inflamed that it was quite red, and had the appearance of muscle; but, as a correct description of this case will be found under the head "Guy's Hospital," it is unnecessary to enlarge upon the subject here.

Sir Astley favoured the gentlemen with another *post mortem* examination: it was that of a boy, who was admitted into the Hospital, Oct. 29th, and died last Tuesday. He had, before his death, every symptom of stone, and was consequently sounded, but no stone could be discovered. His bladder, ureters, and one kidney were now shown to the class by Sir A. The internal surface of the bladder was very extensively ulcerated; one of the ureters much enlarged; and the kidney was a complete mass of disease.

MEDICAL REVIEW.

Transactions of the Associated Apothecaries, and Surgeon Apothecaries of England and Wales.

The Associated Apothecaries and Surgeon-Apothecaries, after a lapse of ten years from the period

of the formation of their society, have at length published the first volume of their transactions. One half of the volume is occupied with an Introductory Essay, and an Essay on the Education and duties of the general Practitioner in Medecine and Surgery, by Mr. Alcock. These essays are followed by a valuable collection of cases, which have been contributed, not only by members of the association, but by several respectable physicians. The Introductory Essay, comprises an account of the origin of the Association; an historical series of documents, illustrating the mode in which they were instrumental in obtaining the Apothecaries' Act, as well as the causes of its defects; and a sketch of the present state of medicine in Great Britain, with some suggestions as to the best mode of improving its several branches.

To the defects of the Apothecaries' Act, and some of the topics discussed in the latter part of the Introductory Essay, we shall have occasion to call the attention of our readers on a future occasion. We shall proceed, therefore, to Mr. Alcock's Essay.

An Essay on the Education and Duties of the General Practitioner in Medicine and Surgery. By Thomas Alcock, *Member of the Royal College of Surgeons.*

It must strike the mind of every enlightened individual, who takes a survey of the present state of the Medical Profession in this country, that, whilst there are to be found in it some who by their talents and intellectual attainments reflect credit on themselves and the profession to which they belong, at the same time the large mass of its members is deplorably ignorant; and this, we feel assured, may in the majority of instances be traced to the defective education they have had the misfortune to receive. Any attempt, therefore, to prevent the recurrence of similar mischief in others, deserves the highest commendation. The author of the Essay under consideration has taken up this subject: we shall now proceed to examine in what manner he has managed it, by giving a short sketch of the work, and making, *en passant*, such remarks as our limits will allow.

Mr. Alcock begins by making some observations on education generally, in which he shows how much the power of investigating disease depends on the previous education, and which he illustrates by two cases that proved fatal, from the nature of the complaint in both being mistaken. After briefly noticing the preparatory education necessary for a medical student, and the views with which he should enter the profession, our Author next comes to the subject of Medical Apprenticeship:—

"Great diversity of opinion has prevailed, (says Mr. A.) on the value of a medical apprenticeship: some have denounced it as worse than useless, whilst others have been sensible that the time of their apprenticeships was profitably spent, although there might be room for improvement in some respects. Perhaps both may be right. That many individuals wholly neglect the instruction of their apprentices cannot be denied; but fortunately, there are others who consider the education of their apprentices an important trust, and that the ap-

prentice is as justly entitled to the advantage to be derived from that trust, as the master may be to the service of the apprentice. If the subject be investigated, I am persuaded it will generally be found that those unfavourable to apprenticeships have directed their weapons against the *abuse* of, and not against the benefits to be derived from apprenticeships faithfully and judiciously conducted."

Our Author has taken but a very narrow and limited view of this subject, and instead of inquiring into the advantages or disadvantages necessarily attendant on apprenticeships, contents himself by saying, "That those unfavourable to apprenticeships have directed their weapons against the *abuse* of, and not against the benefits to be derived from, apprenticeships faithfully and judiciously conducted."

It is against the abuse, meaning by abuse the evil of a law, that our weapons should be directed; and if it can be shown that the evil preponderates over any good that is to be derived from it, then bad it is. Let us consider what is the object to be attained by compelling an individual to serve an apprenticeship: It is to enable him to acquire a certain quantum of information, and if it can be acquired in less than the time of the apprenticeship, no matter. The very principle on which apprenticeships are founded is bad; it proceeds on the supposition that every one comes to the profession with the mind cultivated alike, and therefore the same time is required of all. By compelling individuals to serve a certain time as apprentices, many persons who may possess the requisite talents, but are unwilling, and perhaps unable, from many causes, to serve apprenticeships, are prevented from joining the profession; and thus a positive evil may be inflicted by keeping men from joining it who might be useful to society.

It may be said in favour of the system of apprenticeships, that it is, to a certain degree, security against the profession being incumbered with ignorant men; for if persons are obliged to serve five years before they are allowed to practise it, they must know something of its elements and principles. But, we ask, can this security be obtained in any other mode, without incurring the evil attendant on apprenticeships? Undoubtedly so, by *strictness and publicity of the examinations*, which persons should be required to undergo before they are allowed to practise.

As an apprenticeship of five years is required by the law of every one before he can practise as an apothecary, Mr. A. proceeds to inquire in what manner it may be most advantageously spent; recommending, however, the master, before he takes an apprentice, to inquire into his attainments.

The acquirements of pupils on entering their apprenticeships must in general be very slight; the manner of educating youth, and the early age at which most enter the profession, preclude the possibility of their having made any great advances in knowledge. On the first of these causes our author makes some judicious remarks; he regrets, as all who feel an interest in the subject must do, that in the present mode of school tuition the great end of education is en-

tirely overlooked. We think however that the advice our author gives to masters will not be attended to; it must be recollected that in almost every case an apothecary receives a premium, more or less, as may be agreed on, from each apprentice he takes. The business a pupil has to perform during his apprenticeship is to dispense medicine, dress wounds, and occasionally to visit patients: it will vary according to the situation in which he may be placed, but is seldom such as to require a great quantity of skill or talent. The case then is this, a master has no inducement to correct any wrong view which a youth may have taken of the profession, nor to examine into his attainment, but has a direct interest in taking him as he may be merely for the sake of the money. It may be said that this is an exaggerated view; we hope it is, but we know from observation what the case is at present, and from the laws of human nature what the case always must be, under the present circumstances.

The pupil having entered on the period of his apprenticeship, Mr. Alcock states what the conduct of the master towards the pupil should be, and the knowledge of those things necessary for the pupil to acquire.

"The period of apprenticeship, (says Mr. A.) ought to be characterized by kind and conciliating conduct in the teachers, and by attention and diligence in the pupil, who must be able to give up pleasure for duty. No opportunity of conveying instruction should be lost, and the habit of daily examining the progress of the pupil will contribute more to his advancement than many are aware of." Page 13.

The names of the medicines in the shop must be first learned by the pupil; the keeping of a meteorological register, and the making of the instruments required for the purpose, are recommended to the pupil as agreeable and useful exercises; our Author's remarks, on the care required in dispensing of medicines deserve the utmost attention.

"In compounding medicines, the practice of weighing and measuring accurately every article used, whether important or simple, must be insisted on and be established as a habit. This, with the previous principle, that whatever is done must be well and perfectly performed, and the making of one step easy and familiar before proceeding to the next, will soon render the services of the pupil of some use, under proper superintendence. But the practice of learning young and inexperienced pupils to compound medicines without superintendence, cannot be too severely censured; even fatal mistakes have been the consequence of this unjustifiable process." Page 14.

These, together with many other useful directions respecting the dispensing of medicines, cannot be too strictly attended to by the pupil, as the lives of patients in many cases depend on the accuracy with which their remedies are prepared.

The arrangements for the treatment of accidents, and the making of post mortem examinations, are described by our author with much minuteness; and the carrying them into effect should devolve upon the student.

Besides a mere knowledge of pharmacy, the pupil should make himself acquainted with the dress-

ing of wounds and ulcers, and the simpler operations in surgery. If the opportunities for opening bodies be frequent, the master should, from time to time, teach his apprentice the different parts of the body. These are the professional points that a pupil is expected to attend to during his apprenticeship. His general education, Mr. A. says, should not be neglected; that is to say, he should acquire a knowledge of certain extra professional subjects, such as "the classical and general literature, French, drawing and modelling, natural history, natural philosophy, chemistry, arts and manufactures, when opportunity may occur."

Here, we think, are too many distinct branches of knowledge mentioned to be studied according to the principle more than once laid down in this Essay, viz. that whatever work is done, let it be done well.

There is scarcely any science, a knowledge of which would not be of use to a person in our profession; but it is utterly impossible for any one to be acquainted with all, and at the same time study: this question then comes, In making the selection, which are the most useful? This is not so easily determined, as the pursuits of different branches of the profession by different individuals, and the various tastes of men will alter the relative value of knowledge; so that what may be highly useful to our profession, may be less so to another. A certain quantum of classical and mathematical knowledge will be of service to all; and though we know that an undue importance has been attached to the former, yet in the present state of society, whilst the prejudice remains so strong in its favour, we think it proper to be acquired; and if of use to any, it will be to members of our profession, as almost all the terms used by us are derived from the Greek; and besides, much valuable information is to be found amongst the Greek and Latin authors, particularly the latter, which has not been translated; therefore, we think Mr. Alcock has laid less stress on classical learning than he ought.

We now come to an important era in the pupil's professional career:—the expiration of his apprenticeship, and his arrival in London, for the purpose of prosecuting his studies.

Before, however, determining on the plan of study the student should pursue, it will be necessary to ascertain the length of time he intends remaining in town. This must be regulated by two or three circumstances: the opportunities he has had during his apprenticeship; the state of his finances; and the degree of attention with which he may follow his studies.

On this subject our author says: "To the student whose apprenticeship has been well conducted, and whose mind is well prepared for the task, I conceive that the most essential medical and surgical studies may be comprised in one year; but I am far from recommending so limited a course of studies." Page 37.

The plan which Mr. A. recommends the student to adopt, is to commence with his anatomy; he says:

"I advise, therefore, the student to commence his anatomy with all his zeal, and to spare neither la-

bour nor perseverance till he acquires a knowledge of the natural structure of the human body. This cannot be done by lectures or demonstrations alone, however diligently they may be attended; he must dissect for himself. Yet there is one step preparatory to dissection itself, without which it will not avail, and that is a correct and ready knowledge of the bones." Page 39.

A knowledge of the bones is strenuously recommended before a student begins to dissect; and in the acquisition of this, Mr. A. says, that he will be greatly assisted by making careful drawings of the separate bones: after he has made himself perfect master of osteology, he is then to dissect for the muscles, which, with a knowledge of the bones, will be easily learnt. The connexion of the muscles should be particularly attended to.

Our author says, respect ligaments, "The same subject which furnishes the dissection of the muscles, will also serve for the study of the ligaments and joints, which should be dwelt on with the same zeal and perseverance as the bones and muscles, making every part clearly and perfectly understood before proceeding to the next." Page 42.

After the student is well grounded in the knowledge of the bones, muscles, ligaments, and joints, he may proceed to the study of the different viscera, and from these to the arteries. Of this part of the dissection, Mr. A. says, "I would entreat the student to be deeply impressed as to the importance, nay, as to the indispensable necessity of an accurate and complete knowledge of the arteries, and to acquire this knowledge as he values his reputation as a surgeon, the welfare and lives of those committed to his care and skill, or, though last not least, the approbation of his own mind. In many cases of wounds and accidents, the life of the patient must be saved by the skill of the surgeon, or be sacrificed by his ignorance." Page 43.

After the arteries, a young subject should be dissected for nerves. The veins should next be studied; and our author recommends that those of the neck should be once dissected with the vessels injected with coloured injection.

"The learning of the lymphatics, of the viscera, of the organs of sense, &c. &c. will be rendered perfectly easy by the severer studies which have preceded. If time permit, these organs may be prepared by the student, but should not be undertaken until the previous dissections have been fairly performed. Some of the organs of sense, or the eye and ear, may be prepared as an amusement after the more arduous study of the day has been completed.

"The general arrangement for the first season will be confined to

"Anatomy and physiology, the chief object.

"Natural philosophy, as recreation.

"For twenty-nine weeks the day work will stand:

"For practical dissection, and making studies from dissected parts four hours.

"For attendance on anatomical demonstration, one hour.

"For anatomical lectures, one hour and a half.

"For reading, arranging tables, &c. two hours and a half." P. 40.

This then is the manner in which the first season is to be spent, according to Mr. Alcock's plan, by those who intend remaining in town two years or more.

At the close of the first season, the student is recommended to take such a survey of the useful and ornamental arts as his time shall permit; if his health be injured, to go into the country; and lastly, to pay attention to the acquisition of general knowledge.

After the summer vacation is past, the student returns to town to prosecute his studies afresh. He will then have to attend lectures on chemistry, materia medica, theory and practice of physic, surgery, and, if he choose, midwifery. Our Author, speaking of lectures on the practice of Physic, says, that those delivered by Dr. Armstrong, on this subject, "Go far to reduce the theory and practice of physic to a demonstrative science, and to substitute accurate observation in the place of vague hypothesis; and if the minds of the pupils be duly prepared, by adequate elementary education, to profit by these excellent lessons, which contain the results of Dr. Armstrong's unpublished practice, the benefits they are designed to diffuse cannot fail to be realized." Page 58.

We can bear testimony to the truth of these remarks; we have heard Dr. Armstrong's lectures, as well as those of other lecturers on the same subject, and, therefore, are able to judge of their comparative merit; the superiority of Dr. Armstrong's lectures consists in the improved pathological views contained in them; views which are the result of a very extensive and accurate observation; the appearances to be met with on examination, after death, of the diseases which are treated of in these lectures, are also given with a greater degree of minuteness than by any other lecturer we have heard.

A portion of every day should also be devoted by the student, this season, to hospital practice, and his anatomy; and "it may not be amiss (says Mr. A.) to recapitulate the employment proposed for the second season:

"Four hours, three times a week, for the lectures on chemistry, materia medica, &c. which amount to two hours a day. Dissection, one hour and a half; anatomical lecture, one hour; medical and surgical practice, two hours; for reading, writing and meditation, two hours and a half:—making, in the whole, nine hours a day." Page 65.

The student is recommended, in the summer vacation, to recruit his health by going into the country; but, previously to this, is advised to visit and examine the principal hospitals, and the various collections relating to natural history and art. During the summer his anatomical acquirements must also be sedulously preserved.

The third season is chiefly to be spent in the investigation of diseases; and for the purpose of assisting the student, our Author has given two tables, containing an enumeration of the circumstances to be attended to in investigating the diseases of adults and children.

"The plan (says Mr. A.) which I have adopted has been, first, to learn, as far as the patient or friends could inform me, the history of

the disease, from its commencement to the time of observation; secondly, to examine carefully the present state of the patient; and if any doubt remained in my mind respecting the disease, to retrace the examination of each organ that appeared to have any share in the malady, to the period of the first deviation from health." Page 80.

Annexed to the first Table, are some questions which form the reasonings and induction on the disease that has been investigated. The importance of following a plan of this kind cannot be too strongly pointed out. To follow it in many cases will require great labour; but this will be amply repaid in the end, by the facility that the person who adopts it will acquire in the diagnosis and treatment of disease.

Immediately after Table I. follows a rationale of each circumstance mentioned in it. This, however, we would not recommend the student to read till he had first written one out for himself, which he should compare with that given by our author.

"It may not be," says Mr. A., "irrelevant to recapitulate the studies proposed subsequently to the termination of a medical and surgical apprenticeship.

"First Season—Anatomy, &c.

"Second Season — Anatomy continued, with the usual course of medical and surgical studies.

"Third Season—The strict investigation of disease, by clinical observation and pathological anatomy." Page 101.

After this course of studies, the student may present himself for examination without fear of the result.

The remainder of this Essay is taken up in considering the artificial division of the Medical Profession, the Apothecaries' Act, the present mode of remunerating the general practitioner, and a comparison between his education and that of the Surgeon and Physician. Ere long we shall bring these subjects nnder the consideration of our readers; and, therefore, shall not make any remarks on them at present.

Our opinion of this paper is, that it contains much valuable matter—matter that will be instructive both to the student and the practitioner. The observations to be met with in different parts of the work, on various diseases, delighted us so much, that we almost regretted they were so short. The paper, however, is not without its defects. There is a want of clearness of arrangement; of that lucidus ordo throughout the whole which is so particularly desirable in all didactic writings. Some of the stories which the writer introduces are needlessly prolix, and his illustrations are not always felicitous. We shall be glad, however, to see this Essay reprinted in a form which will render it more generally accessible to every branch of the profession.

[*We intend concluding the analysis of this Work in our next.*]

MEDICAL SOCIETIES.

Although we do not presume that our readers are unacquainted with the various Medical Societies which exist in this Metropolis, we apprehend there are many to whom an occasional sketch of the

most prominent speakers at these useful institutions will be at once entertaining and instructive. It may not be improper to preface the occasional articles, which it is our intention to submit to the public upon this subject, by a few remarks upon the advantages which result from Medical Societies.—Some are composed almost entirely of the seniors of the profession. In such, the conflicting opinions of the veteran practitioners are discussed with a calmness suitable to their age and station, and the doubts and uncertainties of a profession, the perplexities of which are not to be cleared away by mathematical demonstrations or closet cogitations, are submitted for consideration with mutual advantage, and with important benefits to the public. Several of these Societies, however, are formed principally by junior practitioners and medical students; and in these we can neither expect, nor shall we find, the philosophic calmness of age, nor the extensive practical experience which years alone can bestow.

It is also true that, in these Societies, occasional envy may arise; difference of opinion may be discussed with unnecessary warmth: but these trifling disadvantages are amply redeemed by many evident benefits. The habit of addressing a society is productive of a very important advantage. It imparts a facility and promptitude of expression which is most essentially necessary to the success of a medical practitioner; and for want of which we have not unfrequently seen *real* knowledge buried under the *appearance* of total ignorance. The public will judge of the professional acquirements of a man, of which they know little or nothing, by his *extra* professional abilities, of which they at least flatter themselves they know something; and there is no acquisition more imposing, none more valuable to the possessor, than that of promptly and perspicuously stating an opinion, or describing the nature of the case intrusted to his care, when unexpectedly called upon. Nature may have conferred this power upon some intuitively; by many, however, it is acquired with difficulty. It would require but little ingenuity to dilate upon this subject. The operations of *The Lancet*, however, must be brief. We shall first alight upon the Westminster Medical Society, and shall comment upon the different speakers who most frequently occupy its attention. As we are members of the other Metropolitan Societies, we shall pay them due attention, after having devoted a few articles to the Westminster. The order in which we shall notice them will be guided entirely by our own convenience, and is not to be considered as any proof of our opinion of their respective importance.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Nov. 19.—Charles G. the boy with a longitudinal fracture of the patella, a short history of whose case (No. 3) we gave in our last number, died on Tuesday morning, Nov. 18.

On Saturday, the 15th inst. the knee was considerably swollen, and appeared as if disposed to slough; the adhesive plasters, which had been applied on the day of the accident, were taken off, the sutures from the wound to the number of fifteen were removed, and the part was enveloped in a linseed-meal poultice; he rested well that night, and on the next day was pretty easy, with the exception of a darting pricking pain at times in the affected knee. His bowels were during this time regular, open once a day. On the Monday, Nov. 17, he felt just the same as on the two preceding days, till about 5 o'clock in the evening, when symptoms of tetanus came on.

Monday, 17. Five, p. m.—Knee very much swollen, enveloped in a linseed-meal poultice; darting pains in the part, drawing up of the leg; pulse 120; jaw nearly locked, so much so that he cannot put out his tongue; bowels have not been open for the day; has taken some castor oil; difficulty of swallowing.

In a short time after this convulsions of the muscles of the face and neck came on; opium and ammonia in large doses, together with other remedies, were administered; turpentine was applied to the wound, but the symptoms grew worse, and at 5 o'clock the next morning he expired, complaining almost to the last of a pricking pain in the knee. Before his death the castor oil operated.

In the account of this case, one important circumstance has not been stated, viz. that ever since the accident he was obliged to have his water daily drawn off by the catheter, as he could not void it himself.

Inspectio cadaveris.

The body was examined thirty hours after death, by Mr. Key, in the presence of several pupils.

External appearances.—Slight extravasation under the skin in different parts of the body; left knee a little larger than the other, but of a pale colour.

Head—Tunics natural; brain of the usual firmness; very little water in the ventricles; extravasation on the left corpus striatum; marked difference between the two thalami nervorum opticorum, disorganization of the left having evidently commenced; plexus choroides red.

Spinal Marrow—Centre of the cord more soft than natural; nothing else remarkable was observed.

After we quitted the room, the *chest* and *abdomen* were examined. With very great difficulty we have collected the following particulars:

Chest—Lungs of a livid appearance externally, internally of a bright red colour, and when cut into, blood oozed out from the surface, of the divided parts. Pleuræ, very vascular; no adhesion of the lungs to the pleura costalis; heart, redder than natural; aorta, and pulmonary arteries full of uncoagulated blood; bronchiæ filled with a frothy mucus, of a red tinge;

Abdomen—Liver healthy, no inflammatory appearence in any of the viscera, excepting the bladder, the mucous membrane of which was highly inflamed.

The anterior surface of the spine was examined, but nothing remarkable observed.

The sciatic nerve was traced from the upper part of the thigh down to its division; the lower part was very red; suppuration of the wound had taken place.

The anterior part of the knee joint was dissected. Very considerable extravasation of dark coloured blood; patella fractured longitudinally.

The following accidents are the only ones of consequence that have been admitted this week :—

Nov. 21. J. S., aged 9 years, was admitted into the Accident Ward, on Saturday, Nov. 14, under the care of Mr. Lucas, with simple fracture of the right os femoris. The thigh is placed on a pillow in an elevated position, with the leg semiflexed, and is constantly kept wet with spirit wash; no splints have as yet been applied; the boy is free from pain; sleeps well; tongue clean; bowels regular; appetite good; he is allowed full diet; pulse natural.

The thigh is fractured about the middle; there is not much swelling.

2. Mary H. aged 25 years was admitted into Chappel Ward, Wednesday morning, Nov. 18, with a fracture of the inner condyle of the thigh bone. The limb is placed in an extended position, and ordered to be kept wet with the spirit wash; she also received an injury in the neighbourhood of the right elbow joint, to which 12 leeches have been applied; it is much swollen; slight constitutional disturbance.

3. J. W., aged 12, was admitted into this Hospital, to-day, Nov. 21, with a severe injury of the left knee joint. Says that he was holding the candle to a farrier this morning who was shoeing a horse, when the animal kicked at him and struck him in the knee. On examination, it is found that there is an oblique fracture of the condyle of the left os femoris; the part is swollen and tense; there is a very great projection on the outer and lower part of the thigh, and a depression in the same place on the inner side. The obliquity of the fracture is very considerable, and the bones are very much displaced; reduction has been attempted, but in vain; and Sir A. Cooper has recommended extension to be kept up by means of Boyer's splints, or the one mentioned in his work, and which he advises to be used in such cases. The limb is not painful except when moved; it is placed in an extended position; he has taken a grain of opium, together with some antimony, which it is expected will tend to relax the muscles; skin is very hot; he is thirsty, and his pulse is 128.

Nov. 17. Operations. There was an amputation of the thigh to-day, performed by Sir Astley Cooper. Two cases of hydrocele were also operated on.

Friday, Nov. 21. At half past one o'clock the operating theatre was crowded to excess, in consequence of its having been stated on the preceding Tuesday that some experiments were to be tried on a dog this day, for the purpose of ascertaining whether liquids could be put into the stomach, and removed from it by means of an instrument, which had been lately

invented by Mr. Reed, of Hosmonden Lane, Kent.

Prior, however, to the making of the experiment, a middle-sized steatomatous tumour was removed from a female, just below the inferior angle of the left scapula.

At two o'clock precisely, a dog was placed on the table. Its legs and body being secured by two or three of the pupils, an iron pestle was put into its mouth, to keep the jaws separated; and then a drachm of opium, dissolved in four ounces of water, was poured into the stomach. After this, the pestle was removed, and the dog left free on the table.

In the space of twenty minutes the dog manifested a disposition to vomit, which was immediately checked by pressing the finger against the œsophagus. The opium, however, had no very sensible effect on the dog till the expiration of thirty minutes, when the dog was unable to stand upright.

When the opium was administered, the dog's pulse was 120. In seven minutes after it became 110, and gradually sunk to 90, which was the lowest point.

At the expiration of *thirty-three minutes* from the time the opium was given, the stomach was evacuated of its contents, and washed out by means of the instrument, a description of which we shall now give.

The instrument consists of a brass syringe, capable of holding three ounces, with a tube proceeding from an inch above the mouth, at nearly right angles to it; by this contrivance the syringe has two distinct outlets for the attachment of two tubes. The manner of using it is as follows: when any liquid is to be thrown into the stomach, the mouth of the syringe is put into the vessel containing it, and a long tube, composed of elastic gum or leather, with a joint in the middle, previously put into the stomach, is attached to the lateral opening; and, when the piston is raised, the fluid is received into the cylinder from the vessel, which is prevented passing back by means of a spherical valve in the mouth; when the piston is pressed down the fluid passes, by means of the tube attached to the lateral opening, into the stomach, and thus any quantity of fluid may be injected into it. On the contrary, when it is wanted to empty the stomach of any liquid, all that it is necessary to do is to change the position of the mouth of the syringe: the tube in the stomach is very long, and, as stated above, has a joint in the middle; the tube must be disjointed, and that part of the tube in the stomach is to be attached to the extreme mouth and the other part to the lateral mouth; thus when the piston is raised, the fluid is taken from the stomach into the cylinder in the same manner as it was before taken from the basin; and when the piston is forced down, the valve in the mouth prevents the fluid from again entering the stomach, and it escapes by the lateral tube; in this tube there is also a valve, but its action is different to the one in the mouth; this valve *closes* when the piston is *raised*, and *opens* when the piston is forced down; the other, on the contrary, *opens* when the piston is *raised* and *closes* when it is *forced* down. Near the top of the cylinder is a small tube for the admission of air, which enables it to be worked

more easily. The instrument succeeded very well in the dog, which appeared to be little worse for the experiment. Mr. Reed was in the theatre during the whole of the time, and superintended the use of the instrument; on quitting he received the unanimous applause of those present.

Sir Astley Cooper, just after the experiment had been tried, looking at what had been removed from the stomach, smiled, and said that the instrument would do well for an alderman after a city feast. —*(A laugh.)*

ST. THOMAS'S HOSPITAL.

(Nose Case continued.)

Saturday, Nov. 15. Not so well; slept badly; appetite bad; pulse 78, hard; took some castor oil; has had two stools; nose very flat, and the line of separation between the lower two thirds of the nose and the upper part very distinct; upper lip and the head very sore; face gets very warm towards night.

16th. Sleep disturbed; spirits low; pulse 66, small; bad taste in his mouth; tongue white; the lower two thirds of the nose completely separated from the upper part; head sore.

17th. Slept soundly; pain in the head; pulse 72, hard; bowels not open since Saturday; discharge from the forehead and nose; lower part of the nose completely separated; upper lip sore.

18th. Rest disturbed in the night; pulse 72; spirits low; appetite good; bowels not open:

Mr. Travers removed the detached piece of the nose by cutting the suture.

Wednesday, 19. Slept better; spirits good; has taken some castor oil; bowels open twice; pulse 72.

Granulations of the forehead exceedingly healthy; edges of the remaining part of the nose not in accurate opposition; pain in head gone.

20. His sleep is not sound; pulse 90, small; nose and forehead just the same.

21. Symptoms as yesterday; has kept his bed ever since the operation; continues taking wine and bark; and castor oil occasionally, to regulate his bowels.

No operations have been performed here this week. Very few accidents of importance have been admitted, excepting that of a child who was seriously scalded.

MIDDLESEX HOSPITAL.

The case of lacerated Perineum.

Nov. 18. We stated in our last Number, that no material benefit had been derived from the operation in this case, which on a further examination we are anxious to correct. The pessary was this day removed and the parts examined; and although the surfaces of the wound anteriorly did not unite, yet the angle formed by the rupture of the rectum has filled up; the vagina at the lower part is likewise consolidated, partly by adhesion and partly by granulations; the anus has likewise par-

taken of the same improvement, so that there appears no slit or inequality at its margin as heretofore. The patient expresses herself gratified at the result of the operation.

Operations.

21st. There have been no accidents or operations of any particular interest this week. A few burns have been admitted, and a labourer who fell from a scaffold; none of the vertebræ or bones of the pelvis were injured by the fall: twelve leeches were applied to the loins, and his bowels opened by the infus. senna and sulphate of magnesia. He is doing well.

J. H. the labouring man mentioned in our last, with a wound in his back, is doing well; he has a slight difficulty of breathing at present, but upon being questioned he admits that he has been asthmatic for some years.

Singular case of Affection of the Nervous System.

Frederick H. aged 10.

The following circumstances of this boy's case were communicated by his mother, who accompanied him, his complaint at present rendering him incapable of articulating a syllable. From birth he has occasionally been subject to a pain in his ear, which his mother attributes to his having caught cold. About twelve months ago he was seized with an obstinate pain in his left ear, which is described to have been so intense, as to deprive him of rest for a considerable time. The pain now extended itself to the forehead, and more particularly to the socket of the eye. It next affected the whole of the teeth of the upper jaw: after this, the faculty of vision became greatly impaired, more particularly in his left eye. From this latter affection, however, he soon recovered. He was now placed under a physician, who first bled him, both by leeches, and from the arm; and afterwards applied a blister over the scalp and behind the ears. The ear was also injected. His hearing at this time, (except when in great pain) was perfect. Says he has twice felt something burst in his head, and these sensations were followed by a discharge of matter from the ear, from which he obtained considerable relief. The discharge was constant for some hours. These symptoms were frequently accompanied with violent delirium, which rendered coercion by the straight jacket necessary. The paroxysms or attacks were irregular in their duration and return; sometimes occurring every five mintues, and continuing for some days without any evident remission or intermission; at other times he was free from them for a long period. These symptoms continuing, and the physician considering it to be a case of phrenitis, he was bled largely, and afterwards sent to this Hospital, where, by the antiphlogistic treatment, and a few auxiliaries, such as blistering, &c. he gradually recovered; and a few weeks after Christmas was discharged, and went into the country. It should have been noticed, that at one period of the disease, his nerves were so acutely sensible, that the slightest unexpected noise (the striking of a clock, for instance) produced a return of the

paroxysm. He is of an irritable habit, easily put in a passion, and extremely mischievous.

About Michaelmas last he again complained of pain in his ear, which, increasing, produced delirium before night. He was now unable to eat, move his jaw, or even speak, such motions occasioning a crackling pain in his ear. The next day he was seized with a fit, during which, he was very violent, and required two men to hold him. His mother being asked why she termed it a fit, replied, "Because he was all the time insensible." It lasted above half an hour, and left him *sensible* but *speechless*.

On the 7th of October last he was again admitted into this Hospital under Dr. Latham. There has been a slight discharge from the ear, accompanied with pain about the temples. He was relieved by leeches, blisters, and small dozes of calomel. About a week after his admission, it is said, he threw himself into a violent fit of passion, and from this moment he was entirely deaf. Another singular symptom has since been observed: his left arm has become useless, which hangs by his side, being unable to raise it. He can bend his *fingers*, but not his arm, which is acutely painful when touched, *especially* about two inches above and below the elbow joint.

He is now under the care of Mr. Bell, who has made a particular examination of the case. All the actions of respiration are perfect; he smiles without any irregularity of the muscles of the face; he is still capable of laughing, and in this respect is abundantly noisy. Upon being cupped he hallooed lustily, and it was expected every moment he would have spoken, but there was no articulate sound; the boy is acute and understands every thing by writing; by which means questions are put to him and his answers received. In this way he was requested to attempt to speak, the hand was at the same time applied to the throat under the jaw. There was not the slightest emotion of the muscles of the tongue to be felt, yet he can masticate and swallow with the greatest ease; can nearly touch the point of his nose with his tongue; turn it down to the chin or sideways. His surgeon's name being written for him, he was requested to pronounce it, he remained fixed with his mouth open; no effort could be observed. When he was directed to close the lips as necessary in articulating the letters B or P and being told to pronounce these letters, he appeared to be quite incapable of any such action. The consent of action between the chest, larynx and mouth seems to be lost. Directions have been given to the nurses to watch him strictly that no deception may be practised; at the same time there appears no reason to suspect it. Six leeches to the temple; the ear to be fomented by placing it over the mouth of a jug so that vapour may be thrown upon it: to be purged with calomel and jalap, and a blister to be applied under the occiput on the left side.—(*To be continued.*)

ST. GEORGE'S HOSPITAL.

J. W. was brought into this hospital about eight o'clock on

Tuesday evening, in a state of insensibility, with a fracture of the skull and thigh, by a fall from a horse. Previously to his arrival here, he had been bled; at this time he was suffering from compression and concussion. A portion of the right parietal bone, and a portion also of the frontal bone, were depressed. These Mr. Brodie extracted, after the application of the trephine. The boy was much relieved, and able to answer a few questions. The dura mater protruded through the apertures made by the trephine, and under it appeared to be an extravasation of blood. His bowels were emptied by two doses of croton oil, a drop each dose, which acted very powerfully, without producing sickness or griping. The pupils natural.

Wednesday. No change for the better; limbs not paralytic; pulse exceedingly high.

Thursday. Rather better in the morning; answered a few questions rationally; in the afternoon much worse; slight subsultus tendinum; died about twelve o'clock.

Appearances on dissection.—On removing the scalp from the pericranium, a considerable effusion of blood was found between them. The fracture ran from the edge of the parietal bone in junction with the frontal, and extended across the frontal to the superciliary ridge, and down the temporal bone to the base of the skull. The internal surface of the *dura mater*, on the opposite side, near the temporal bone, for a considerable extent, was lined with coagulated blood; no appearance of inflammation either in the brain or its membranes; the two lateral ventricles empty.

On Wednesday evening, Mr. Gunning punctured a bladder above the pubes, for retention of urine, arising from a very bad stricture.

Friday. The man is doing well.

THE DRAMATIC LANCET.

No. 5.

Drury-Lane.—On Wednesday night, a Tragedy, entitled Caius Gracchus, which had been long announced as the production of Mr. James Sheridan Knowles, the author of Virginius, was produced at Drury Lane Theatre. Much expectation was excited on this occasion, partly from the success of Mr. Knowles's former Tragedy, partly from the refusal of the Deputy Chamberlain to license its performance, on account of the liberal and patriotic sentiments with which it was said to abound, but chiefly from the well-regulated administration of *puffs*, which though not so copiously exhibited as in the case of Virginius, still assisted very materially in the theatrical delivery of Mr. Knowles's muse. As to the inflammatory passages which are said to have raised so much alarm in the loyal breast of the Vice-Chamberlain, we presume they have been expunged. The poet must have made a compromise with the deputy; for if we except a few passages in which some undeniable distinctions are taken between the condition of the rich and the poor,—we shall see, hereafter that Mr. Knowles excels in a truism,—there is nothing in the whole play which the most timid Vice-Chamberlain might

not have read without dismay. Virginius, though its poetry was not of a very high order, was at least effective as an acting drama. *Caius Gracchus* has scarcely any pretensions to the character of a dramatic poem, and it is moreover extremely heavy and tedious in the representation. We know not whether this, like Mr. Knowles's former tragedy, is a *rifacimento* from an old play. The plot is of course founded on the conspiracy and death of Caius Gracchus; we shall endeavour to give our readers some idea of its details. *Caius Gracchus* (Mr. Macready) makes his first appearance at the Forum, where he saves his friend *Vettius*, (who had been accused of sedition, and who was on the point of falling a victim to the arts of the Patricians,) by a well timed harangue to the people from the rostrum. *Opimius*, (Mr. Archer) his inveterate enemy, foreseeing that the presence of Gracchus in Rome is likely to become dangerous, procures his appointment to the office of Questor. *Cornelia*, (Mrs. Bunn) the mother of Caius, and *Licinia* (Mrs. West) his wife, are soon after introduced. They prattle together for some time in a style, which seemed somewhat *namby-pamby* for Roman matrons, when *Gracchus* arrives, and announces the necessity of his departure for the army in the capacity of Questor. *Licinia* is at first inconsolable, but at length, as is usual in these cases, rallies her spirits, and insists upon at least having the gratification of seeing her husband to the door. Here the first act concludes. In the second act, Mr. Knowles, with a disregard for the unity of time, to which we do not object, brings back his hero to Rome, after having served his full time as Questor. It appears, however, that he has returned without the permission of his general, *Opimius*, and for this irregularity, as well as for some share which he is charged with having had in a mutiny of the troops, he is cited before the censors. *Opimius* seems to have been a bad lawyer, for he has no sooner made his charge than *Gracchus* detects two flaws in the indictment. He maintains that he had a right to return at the expiration of the usual period of service, and that *Opimius* could not be at once an accuser and a witness. The censors admit that this is good law; the charge is dismissed, and *Gracchus* immediately solicits the people for the office of their Tribune. He is elected by acclamation; and his popularity goes on increasing until his colleague *Drusus* (Mr. Pope) is seduced by *Opimius* to enter into a scheme for undermining his reputation. The plan which *Drusus* adopts is to improve upon the suggestions of his colleague, and whenever *Gracchus* proposes a popular measure, to make a still more liberal concession to the people in the name of the senate. Accordingly, when *Gracchus* proposes the sending of colonies to the conquered provinces, and the division of lands among the people, *Drusus* improves upon both propositions, and takes care to remind the people that they owe these concessions not to him, but to the senate. The scheme succeeds; the people readily transfer their affections to the tribune who is disposed to give them most, and *Gracchus* loses his popularity. *Opimius* becomes Consul, and *Gracchus*

fails in his re-election as Tribune. In the fourth act *Cornelia* dissuades her son from going to the forum, but at length yields to his expostulations, and *Gracchus* makes his appearance before the people. He is publicly insulted by the Consul *Opimius*; the people, whose favour seems to be suddenly restored to him, again espouse his cause, and a tumult ensues, in which a lictor is slain. After much doubt and irresolution *Gracchus* consents to head a rebellion, which is fixed for the following day. In the last act he makes so long a soliloquy as he is setting out in the morning to join the conspirators, that his wife, whom he had left in bed, suspecting his intention, comes forth into the street and endeavours partly by entreaty, and partly by the exhibition of their child, to avert his purpose. He at length however disengages himself, joins the conspirators, and a battle ensues in which the plebeian forces are routed, and *Gracchus* flies to the temple of Diana, where his mother and his wife had also taken refuge. He is pursued thither by the enemy; and finding his destruction inevitable, he throws his mantle round his person, and falls by his own hand just as *Opimius* and the Patrician forces enter the temple.

Such is the substance of the scenes of *Caius Gracchus*. It is obvious that there are great deviations from historical accuracy in this play, and they are precisely such deviations as are calculated to diminish, instead of heightening its dramatic effect. The Gracchus of history was a determined, uncompromising demagogue; the Gracchus of Mr. Knowles is an irresolute partizan, who is forced into a conspiracy against his better judgment. In softening the stern character which is commonly ascribed to the mother of the Gracchi, we believe Mr. Knowles is, without knowing it, justified by classical authority; but here the dramatic effect would have been increased by opposing the sternness of Cornelia to the gentle virtues of Licinia. The authority to which we allude is a passage in a speech of Gracchus, which Cicero says was delivered with such admirable gesture and pathos that even his enemies could not refrain from weeping. "Quo me miser conferam? In Capitoliumne? At fratris sanguine redundat. An domum? *Matremne ut miseram, lamentantemque videam, et abjectam.*" De Oratore, lib. 3. cap. 56. We can scarcely suppose, that Mr. Knowles could have been acquainted with this beautiful passage without availing himself of it in his Tragedy. But if Mr. Knowles's characters be not Roman, and his poetry not of a very exalted description, his morality must be admitted to be perfectly unexceptionable. When Gracchus hears that a lictor has been slain, he expresses a becoming horror at the crime, and exclaims,

> Why did you do this?
> Why do you ever what you should not do?

We know of no parallel to the beautiful moral conveyed by this very pertinent question, except in a poem which we remember to have seen in a miscellany on the *extreme impropriety* of smothering an illegitimate child, or in the following profound proposition of an Oxonian scholar, *Omnes homines*

qui vivunt in hoc rotundo orbe debent semper esse boni, nec unquam mali; which being interpreted meaneth, that "all men who live *in this round world* ought always to be good, and nobody should ever be naughty."

We have but little space left for any observations on the performance. Mr. MACREADY's efforts saved the play. In many passages he was most warmly and deservedly applauded; but we must intreat this gentleman, not to indulge in a habit which, however it may be greeted by the acclamations of the galleries, excites nothing but regret among the discerning part of an audience, that so much talent should be united with so vitiated a taste. The habit to which we allude is that of hurrying over a sentence with a rapidity of articulation, which Matthews could scarcely equal, and in a tone of colloquial familiarity which Liston could not surpass.

Mrs. BUNN did all that could be done for *Cornelia*—she is an actress of considerable powers; but what actress can contend against the dulness of an author, or what powers can avail against the *vis inertiæ* which is opposed to them by poetical mediocrity?

COVENT-GARDEN THEATRE.—Those, who like ourselves, had formerly witnessed the representation of Moore's Tragedy of the GAMESTER, in which the late Mr. Kemble and Mrs. Siddons personated the characters of *Mr.* and *Mrs. Beverley*, and in which *Stukely* was so admirably delineated by that truly excellent and original actor, the late George Frederick Cooke;—those who had once viewed this *triumvirate* of splendid talent, lending their combined and powerful efforts, to give energy to the deepening horrors of the scene, will be able to appreciate our feelings, when on Saturday evening we attended the revival of this play. The truth is, we felt a melancholy presentiment, which, if we may judge from the forlorn and deserted state of the house, we shared in common with the public, that we should be completely disappointed.—We therefore awaited the rising of the curtain in something like sullen silence, occasionally surveying with regret, the chilling appearance of the pit and boxes, and ruminating on the active scenes of former times, which, as the Scottish bard beautifully expresses it, are "like the memory of joys that are past, pleasing, yet mournful to the soul."—It is but justice, however, to add, that our apprehensions were ill founded, and that, if the representation did not reach the standard of excellence to which we have alluded, it nevertheless exhibited a display of talent highly creditable to the principal performers, and gratifying to the audience. The tragedy seemed to derive no inconsiderable interest from its association with a recent unhappy affair, that has engrossed so large a portion of the public attention, and many strong and appropriate allusions to the mischievous and fatal vice of gaming, which, at another time might have passed unnoticed, were eagerly caught up and warmly applauded by the audience. Thus far it was well; and the managers certainly deserve praise for lending *their* aid, towards discountenancing this fashionable and de-

structive practice; although we cannot agree with a contemporary critic, who reproached the stupidity of such as object to the morality of theatrical entertainments, and who quotes this play as forming, at least, an exception in favour of the utility of these exhibitions. Now, without entering into the general question, whether theatrical representations (and, especially as they are *now* conducted,) be beneficial or injurious to the national morals; we shall merely observe, that, in our opinion, the tragedy of the Gamester, so far from being an example in their favour, furnishes a conclusive proof against them;—where is the morality or the *poetical justice* of exhibiting villainy completely triumphant, and innocence irrecoverably ruined, dishonoured, and destroyed? Instead of this play inculcating fortitude and resignation under the accumulated pressure of evils which, at most, originated in nothing worse than indiscretion or folly, it draws the portrait of a virtuous and benevolent man, lending himself to the company and councils of sharpers, and after being stripped of all his property, his wife and family ruined, and his own character blasted, seeking a refuge from these evils by adding the crime of *self-murder* to the rest of his vices, and abandoning his wretched family to everlasting misery and despair! It is a tragedy, and certainly an affecting and impressive one; but where, we ask, is the morality of its catastrophe, or what edifying effects, as a *stage exhibition*, does it produce on the community at large? We have not at present leisure to pursue this part of the subject any further, but may, perhaps, resume it at some future period.

The hero and heroine of this piece were Mr. Young and Mrs. Bartley. Of the former we shall observe, that he is what we should call a sensible, correct, and judicious actor, and, withal, a gentleman and a scholar. Such a man, so gifted, and possessing a cultivated mind, must, in any case, acquit himself well, and, on most occasions, be crowned with success. Still there is something in his *Beverley* that we do not exactly like. In the first scene, when he appears, his manner was constrained and formal, and his soliloquy laboured and artificial. He rather seemed to recite coldly, than to feel sensibly the unhappy situation to which his inconsiderate folly had reduced him. It is true, that as the interest of the piece increased, he displayed great animation, and his last scene, after he has swallowed the deadly poison, was managed with considerable skill and effect; yet there was not, upon the whole, that intensity of feeling, that deep and settled horror, that *majesty* of grief and despair, that were wont to chill the circling current in our veins, and electrify our nerves, in the exquisite performance of the late Mr. John Kemble. Ah, when shall we ever "look upon his like again!"

It is not often, of late, that we have seen a female performer who has so much pleased us as Mrs. Bartley. If her *Mrs. Beverley* does not exhibit the strong and animated features in which it was so powerfully and successfully delineated by Mrs. Siddons, it possesses, in other respects, al-

most an equal claim to our attention and regard. Her voice has a *pathos* in its soft and gentle tones that reaches and subdues the heart. Her conception of the character is accurate, and her delivery forcible and impressive. We wait to see her in some other character, where her powers may be more fully developed, and if she but acquit herself as well as she did in *Mrs. Beverley*, her fame will be established and her success complete. Mr. Cooper, in *Stukely*, was respectable; and considering the importance of the character, this can hardly be accounted praise. It may, however, be some consolation for Mr. Cooper to know, that he is not fit to play the villain.—At a time when there is so much squabbling among our principal performers, about *precedence*, and such an extreme unwillingness to take what they are pleased to term *second* or *third rate* characters, it is no mean praise that an actor of such acknowledged merit as Mr. Charles Kemble, and whose talents qualify him for the highest walks of the Drama, should condescend to take the comparatively insignificant part of *Lewson*. We say, *comparatively;* for, in fact, there is no part, however apparently trifling, that may not, by the ability and judgment of the performer, reflect credit on himself, and afford entertainment to the audience.

On Wednesday, Mr. Sinclair, whose name we formerly quoted as having been so long announced in the play-bills as just returned from Italy, after an absence of six years, and re-engaged at this Theatre, made his first appearance this season, and was received on his *entré* with as much *eclat* as though he had been a celebrated warrior, returned from foreign conquest, or an ambassador with preliminaries of peace after a long and ruinous war. The length to which this article has already extended, precludes us from saying any more at present, than that Mr. Sinclair has materially improved both in voice and in scientific execution. His first air of "The Beautiful Maid," was sung with great taste, and universally *encored*, as indeed were all his songs, with the exception of the second, and this he was spared the repetition, only after a struggle, in which the more considerate part of the audience finally prevailed. The polacca, 'No more by sorrow chased my heart,' had the distinguished honour of being called for and sung three times. In short, Mr. Sinclair's reception was as flattering as his most sanguine admirers could wish; and he spared no pains to merit the enthusiastic applause he received. The *cruel kindness* of his friends, however, in forcing him to such severe and overstrained exertions, has, we fear, already done him a serious injury; for upon Mr. Fawcett coming forward, at the close of the piece, to announce the ensuing evening's entertainment, and a call being made for the "Cabinet," Mr. Fawcett respectfully observed, that, although it would ever be the anxious desire of the Managers to comply with the expressed wishes of the public, yet, as Mr. Sinclair was "*extremely fatigued*" with his evening's exertions, he hoped they would allow the Managers to postpone it till the ensuing

week, when it would be repeated three times for their gratification. This explanation calmed the turbulent, and satisfied the more reasonable part of the audience. We have already adverted to the cruelty as well as absurdity of thus pressing the capabilities of a singer, and endangering his health, if not his existence, for the sake of a transient gratification. Public performers may be accounted public property; but we see no reason why they should be offered up as wanton sacrifices on the shrine of folly; or, like the *fabled swan, die singing* for the mere amusement of their hearers.

CHESS PROBLEMS.

No. 3.

The numerous communications which we have received, both from medical students, and from amateurs of Chess, not connected with our profession, afford a gratifying proof of the interest which is taken in this part of our publication. To the former class of our Correspondents we have only to repeat, that the study of Chess combines much of usefulness with amusement, provided they do not suffer it to encroach too much upon their time; and to the latter we may observe, that although the alliance between the medical art and chess is not very obvious, they may yet derive amusement and instruction from the subjects to which the pages of *The Lancet* are chiefly devoted.

It has been urged against problems, in which the mate is required to be given under certain peculiar conditions, and against some positions which cannot occur in the game, that the student can derive no practical benefit from the study of them in actual play. This is, however, a mistaken view of the subject; for the exercise of ingenuity which problems of this description call forth, cannot fail to improve the practical skill of the student. The first of the problems which we shall give this week, may be easily solved. The situation occurred recently, and may instruct the young player in the importance of not losing a move. If the white, instead of playing his queen to the adverse king's bishop's second square, had given check with his king's knight's pawn, he might have won the game in a few moves; but by playing the queen, he gave the black an opportunity of forcing the mate by an unexpected stroke in three moves. The next situation is one which occurred between the late Mr. Sarratt and an eminent living player. The white played his king's bishop to the adverse king's third square, and the black having played the rook to his king's bishop's square, to prevent the threatened mate at the next move, the white gave checkmate to his adversary in four moves. It is evident, that if the black, instead of playing the rook, had moved his queen to his king's rook's fourth square, the queen would have been lost by the check of the knight at the adverse king's bishop's second square. The next is an extremely elegant and ingenious problem, the invention of which is ascribed to Marshal Saxe. We shall in this instance depart from our general rule, by annexing the solution. After the fifth move, however, when the student will have seen the principle on which a passage is made for the pawn, which is to give checkmate, we recommend him to endeavour to solve the problem without assistance. The moves by which the black pawns are compelled to file off to the left, and the subsequent advance of the white pawn by the line of the ene-

my's pawns on the right, are worthy of the military genius of the inventor.

One of our Correspondents informs us, that he cannot solve our problems, unless it be distinctly stated whether the white or the black are to move first. The player who is required to give the mate, is always supposed to have the move, unless the contrary be expressed. We are afraid, however, that this is not the only difficulty which our Correspondent will have to encounter; because it generally happens that the player who is to give the mate, is in such a situation that he would be himself mated immediately, if his adversary had the move. In such situations there can be no doubt as to which of the players has the first move.

Problem VII.

The white having moved his queen to the adverse king's bishop's second square, the black is required to give checkmate in three moves.

Position of the Pieces.

WHITE.

King at the queen's knight's square.

Queen at her bishop's fourth square.

King's rook at its square.

Queen's rook at queen's square.

Knight at king's bishop's third square.

Pawns at queen's rook's second, queen's knight's third, queen's bishop's second, queen's third, king's bishop's second, adverse king's rook's fourth, and adverse king's knight's third squares.

BLACK.

King at his rook's square.

Queen at her rook's fourth square.

Rook at the queen's knight's third square.

Bishop at adverse queen's bishop's third square.

Pawns at queen's rook's second, queen's bishop's fourth, king's fourth, and king's rook's third squares.

VIII.

White to move and win the queen, or give checkmate in five moves.

Position of the Pieces.

WHITE.

King at his square.

Queen at the king's second square.

Queen's rook at its square.

King's rook at the king's knight's square.

Bishop at the king's third square.

Bishop at the king's knight's fourth square.

Knight at the king's bishop's third square.

Knight at the adverse king's rook's third square.

Pawns at the king's rooks, king's bishop's, queen's rook's, and queen's knight's squares, at the queen's bishop's third, and queen's fourth squares.

BLACK.

King at his rook's square.

Queen at her rook's fourth square.

Queen's rook at its square.

King's rook at the king's square.

Queen's bishop at its square.

Bishop at queen's knight's third square.

Knight at queen's rook's third square.

Pawns at knight's rook's, queen's rook's, queen's knight's, and queen's squares, and at queen's bishop's third, and king's bishop's third squares.

IX.

White to give checkmate *with the pawn* in 14 moves, *without taking any of his adversary's pawns.*

Position of the Pieces.

WHITE.

King at his rook's third square.

Queen at adverse king's second square.

Rook at king's second square.

Rook at adverse queen's rook's square.

Bishop at queen's second square.

Bishop at king's bishop's third square.

Knight at queen's fourth square.

Knight at adverse king's bishop's square.

Pawn at king's knight's second square.

BLACK.

King at his knight's square.

Pawns at king's bishop's second, king's bishop's third, king's bishop's fourth, and adverse king's bishop's fourth squares; and at king's rook's second, king's rook's third, king's rook's fourth, and adverse king's rook's fourth squares.

Solution of Problem IX.

As the black has but one way of playing at each move we shall only give the moves of the white.

1. Knight at adverse king's bishop's square to adverse queen's second square discovering check.
2. Rook at adverse queen's rook's square to adverse king's bishop's square.
3. Knight at queen's fourth square to adverse king's third square.
4. Queen to adverse king's bishop's second square, checking.
5. Knight at adverse queen's second square to adverse king's fourth square.
6. Bishop at king's bishop's third square to king's fourth square.
7. Bishop at queen's second square to king's third square.
8. Queen to adverse king's second square, checking.
9. King to his rook's second.
10. Pawn advances one square.
11. Pawn one square.
12. Pawn one square.
13. Queen to adverse king's bishop's third square, checking.
14. Pawn gives checkmate.

[*Correspondents in our next.*]

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SURGICAL LECTURES

DELIVERED BY

SIR ASTLEY COOPER, BART.

[No Lecture on Monday evening, in consequence of Amputation, for an account of which see St. Thomas's Hospital.]

Theatre, St. Thomas's Hospital,
Wednesday Evening,
Nov. 26, 1823.

Lecture Fourteenth.

The subject of this Evening's Lecture will be

Gangrene.

Having traced Inflammation through its adhesive, suppurative, and ulcerative stages, I shall now proceed to consider it in its most destructive form, namely, when it exists in such excess as to produce gangrene. We find that inflammation, when it is extremely active, occasions a destruction of vital power. At other times, when there is a less degree of inflammatory action, but where the powers of the part are feeble, the life of the part will also be destroyed; so that gangrene is produced either by an excess of inflammatory action, where the powers are natural, or by a less degree of inflammatory action, where the powers of the part are feeble. Gangrene may be considered as a partial death. This is its definition: the death of one part of the body, while the other parts are alive.

The symptoms of gangrene differ according to the manner in which it is produced. When gangrene is the result of high and active inflammation, the pain attending its production is exceedingly severe; the inflammation is very extensive; there is generally a blush to a considerable extent; and there is generally, though not always, a considerable degree of swelling. The secretion from any sore which may exist ceases, for the skin no longer perspires. The

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surface of the skin becomes of a dark colour; it is said to become purple, but it is rather of a brownish tinge. The cuticle is raised; a vesication is produced, and when this breaks, it is found to contain a bloody serum. When this serum is discharged, the skin assumes the gangrenous appearance, and becomes perfectly insensible. The vesications extend to parts beyond the ulceration; thus in sores of the leg we frequently see a large portion of the skin giving way, and the gangrenous vesications extending beyond the ulcerated surface. The constitution suffers considerable derangement from gangrene; there is a high degree of irritative fever, and the pulse is often exceedingly quick. The pulse is generally said to become slow when gangrene takes place, but I have never observed this. I have indeed occasionally remarked but a few beats in a minute, because it is very frequently intermittent. Still the pulse is quick, though occasionally intermittent. It is said also to become soft, but I should not say that this is the character of the pulse in gangrene. It is quick, very small and thready, and generally irregular. Gangrene seldom occurs without delirium, and it is attended also with vomiting and hiccough. Hiccough, indeed, is the characteristic sign of gangrene, and it takes place though the gangrene may be situate in a part very distant from the stomach; as for example, in the toe. The fact is, that when gangrene arises from a diseased state of the constitution, the stomach is extremely deranged, and this derangement of the stomach is followed by a spasmodic contraction of the diaphragm producing hiccough. This symptom does not arise from any alteration in the action of the diaphragm, but from its sympathy with the deranged state of the stomach. If you wish to correct hiccough, you may arrest it for a time by giving some slight stimulus, or even by adopting opposite means. Thus a glass of cold water will suspend it for a considerable time.

Such are the symptoms when gangrene is the result of excessive action. But gangrene is sometimes the effect of a low degree of inflammation; as when it is produced by the application of cold. When a great degree of cold has been applied to any part for a considerable time, the part will become benumbed; that is, its nervous powers will be diminished: and when it is thus enfeebled, it will be unable to bear a very slight degree of supervening inflamma-

tion, so that gangrene will be produced, and the destruction of its life will follow. In this climate, however, destruction of the life of the part does not in general immediately follow. A person will come to the hospitals with his feet benumbed; he may have been wandering about the streets, unable to find a place of refuge, until he becomes, from this cause, incapable of walking. Great care must be taken in these cases not to apply heat very suddenly; even the common heat of the bed frequently occasions inflammation, which is extremely liable to produce gangrene in consequence of the diminished nervous influence of the part. I knew a gentleman of the first consequence in this country, and whose death occasioned perhaps as much regret as that of any one who has died for many years, who lost his life from an act of imprudence. He had been out shooting, and had exposed himself to severe colds; and finding his feet benumbed on his return he immediately put them into warm water. The consequence was that a gangrene took place, of which, notwithstanding all the care that could be taken of him, he died. In this climate it generally happens that inflammation succeeds the application of cold after an interval of two or three days. By the use of some slight means of treatment this inflammation is generally suspended, and it is by the repetition of the inflammation rather than by its severity that the powers of the part become at last exhausted. In colder climates than our own the part exposed to cold becomes white, and the suspended circulation is commonly restored by rubbing the part with snow. If it be not very carefully treated however, inflammation and sloughing is apt to come on. If a part be completely frozen, inflammation frequently ensues in a short time, and after continuing for a few hours is followed by a destruction of the vital power.

These are the symptoms which we observe in cases where gangrene is the result either of a high degree of inflammatory action, or of diminished powers. When gangrene is produced by either of these causes the process of separation soon commences. This process is one of the most curious operations of nature in the human body. There is nothing more extraordinary to my mind than the power which nature possesses of separating even large members without any danger from hæmorrhage, or the smallest jeopardy of

life. Thus we see a limb of considerable size separate without in the slightest degree endangering the life of the patient. There is an instance of this at the present time, in the other Hospital, in a case of popliteal aneurism, which will afford you an opportunity of judging of this process of separation for yourselves. The first appearance which we observe after the destruction of the life of any part, is a white line which nature forms for the separation of the dead from the living parts. For this white line we anxiously look, since it is the barrier which nature sets up between the dead and the living parts, and it becomes a criterion of the cessation of the gangrenous disposition. At this white line the cuticle is raised. This elevation of the cuticle is a vesication which forms a line of circumvallation around the gangrene. When the cuticle becomes separated, as it will in two or three days, we find a chasm beneath it produced by the absorption of the living skin in contact with the dead. The living skin is taken up by the absorbent vessels into the constitution, and in this manner the living parts are separated from the dead by a process of nature. If we were to reason *à priori* on this subject, it might be expected that the absorbent vessels would rather remove the dead portion of skin in contact with the living; but this is not the case. The absorbent vessels act on the living parts, but not on the dead; nor is the dead skin absorbed after the time when granulations have formed, but it becomes loose, and ceases to attach to the surrounding parts; the chasm formed by the absorbent vessels affording an opportunity for the separation.

The next part which begins to separate is the cellular tissue immediately under the skin. Gangrene proceeds to a much greater extent in the cellular tissue than in the surrounding skin, because the cellular membrane is a part of weaker living powers. It is for this reason that a sloughing disposition in sores extending to the cellular membrane is so dangerous. A small chancre beginning in the pudendum of the female, and sometimes in the penis, will frequently occasion the destruction of life in the part. Some persons have absurdly supposed that these sloughing sores are not chancres, because they have not the common venereal character. But how does this happen? If a chancre forms in the pudendum of an irritable female,

and has a sloughing disposition, it extends into the cellular tissue, inflames to a high degree, and produces gangrene. In this manner the character of the chancre becomes destroyed. There is at this time an unfortunate female in the other Hospital, who has lost a considerable portion of the external organs of generation, in consequence of a sloughing chancre. The hospitals teem with such cases; and indeed this deplorable result is always to be expected when a sloughing chancre extends into the cellular tissue, a part naturally weak, and rendered weaker in these persons from their irritability and mode of life.

The next part which separates is muscle. Muscles separate nearly opposite the edge of the skin. Wherever the skin separates, the muscle gives way; a line of separation is formed, and the living portion of muscle is taken away from the dead. This is not the case with tendons; these, like the cellular tissue, do not separate opposite the skin, but at a considerable distance from the part at which the sloughing takes place. If a tendon is exposed in the palm of the hand, by a sloughing ulcer, it separates at the wrist, for it is incapable of resisting the inflammation, in consequence of its weak living powers, and separates therefore at the part where it joins the muscle.

The nerves separate, like muscles, opposite the skin. But the most extraordinary instance of the process of separation is that which takes place with respect to the larger blood-vessels. What would be the result, if you were to separate with the knife the anterior and posterior tibial arteries, without placing a tourniquet on the limb? The person would die in a few minutes. Yet nature cuts through these vessels, and frequently divides the arteries I have mentioned, without a drop of blood issuing from the limb. This happens in the following manner. The blood in the vessels of the dead part becomes coagulated; the coagulum, however, does not confine itself to the dead part, but extends to the living vessels which join it, and is, in this manner, glued to the inner side of the artery, so that the vessels are, as it were, hermetically sealed; and not a drop of blood can escape by the side of the coagulum. The same thing takes place in veins, the coagulum adhering to the inner side of the living vein, so that no blood can escape. If you amputate a limb at a considerable distance from the

part at which gangene has commenced, you will still find the vessels sealed. The first amputation which I ever performed, was in the case of a gentleman who had a gangrenous ulcer near the head of the tibia. In this case it was necessary to amputate above the knee, as sufficient skin would not have been left if the amputation had been performed below. When I loosened the tourniquet I was surprised to find no femoral artery. On a closer examination I found that the inner side of the femoral artery was completely plugged up, and sealed by the coagulum which had extended at least six inches above the place at which the gangrene had occurred. It appears, therefore, that the artery is not only sealed at the place at which nature cuts through it, but at a considerable distance above it, in order to provide against the danger which would arise from a separation of the coagulum.

Bones, at last, become separated; but this process is very slow, and it is a long time before they exfoliate, loaded as they are with phosphate of lime. Hence we are often under the necessity of taking away bones, when the process of separation is in other respects complete. I am anxious, whenever I have an opportunity in these Lectures, to refer you to cases actually existing in the Hospitals; and you cannot have a better opportunity of observing the process of nature with respect to the separation of bones, than in the case of popliteal aneurism, to which I have before directed your attention. This man underwent the operation for aneurism in the other Hospital. The aneurismal bag had been loaded with fluid blood for a length of time; the process of gangrene commenced at the ancle; all the soft parts were absorbed, and there is nothing now remaining but a portion of bone, which will also separate, if we permit it to do so. The saw would quicken the process, but it is unnecessary, for the bone will separate by the efforts of nature alone. I knew a person in the county from which I came (Norfolk) whose leg entirely separated by the process of gangrene alone. In the foot this very commonly takes place; in the calf of the leg it is not common, but below the calf, it frequently occurs. I attended one of the King's messengers, some time ago, who came from Germany, with a gangrene in the foot. The foot separated at the tarsus, and the whole process went on without any surgical ope-

ration, and nothing but the aid of the simplest applications.

Gangrene is generally the effect of a debilitated state of the constitution. Thus, if a man have been confined by long-continued fever, the nates are apt to slough and become gangrenous, in consequence of the imperfect circulation, arising from the position in which he has been forced to remain. Some fevers have a greater tendency than others to produce gangrene; as for example, scarlatina. In slight cases of scarlatina, the most horrible effects will sometimes arise from gangrene. The tensils will slough to a great extent; parts of the Eustachian tube, and even the tympanum will separate, and large portions of bone exfoliate. The worst effects of this kind are observed in those cases of scarlatina, where the fever is not the most violent. The measles are very apt to be followed by sloughing, unless great care be taken not to irritate the skin of the chest too much. In this town it sometimes happens, that a large blister applied to the chest of a child labouring under measles occasions a high degree of inflammation, producing gangrene, and endangering the life of the patient. In constitutions of an unfavourable kind, I have often seen the measles produce a slough, forming a black aperture in the cheek of the child, through which its food was passed, and life soon destroyed. Mercury, if used to excess, often excites sloughing, from the fever and consequent debility of the constitution which it produces. Whatever, in short, weakens the constitution much, disposes it to the production of gangrene; for the body when thus debilitated cannot bear any excess of action. When the application of cold is the cause of gangrene, the effects are produced very much in the same way. The powers of the part to which the cold is applied are diminished, and this diminution of power leads to the destruction of the part, under the first excess of action.

There are some parts of the body naturally constituted feebly; as for example, tendons. When inflammation attacks a tendinous structure, it runs very readily into a state of gangrene. Hence the danger of making incisions into a tendinous structure, which frequently affect the nervous system with the highest degree of irritability, and produce tetanic symptons. It is not the injury to the nerves which produces tetanus, but the sympathy of the nerves with the injury to the tendon.

It may be stated, as a general principle, that inflammation is the cause of gangrene; gangrene very rarely happens without inflammation; but as there are some exceptions to this general principle, I will mention them. I have seen, in a case of hydrothora, (where the great diminution in the circulation produces an accumulation of water in the pericardium,) a small spot in the legs become at once black, without any appearance of inflammation, and extend itself until it occupied a very large surface. Here the total absence of circulation, and not an increased degree of it, occasioned the destruction of life in the part. So we now and then see aneurism producing gangrene. In the case of popliteal aneurism, to which I before adverted, the gangrene is produced, not by the bursting of the aneurismal bag, but by the pressure of the bag on the vessels, occasioning the destruction of life in the limb below. I saw a gentleman a few months ago, who was upon the point of death from the pressure of an aneurism. His foot afterwards became gangrenous. He did not die, however; for a separation of the foot, and part of the leg, took place, and he ultimately recovered.

So much for impeded circulation without inflammation, as a cause which sometimes produces gangrene. The division of a considerable blood-vessel will sometimes produce the same effect. I believe I have already mentioned in the Lectures, the case of a gentleman who was stabbed in the groin by a foreigner, with a dirk or sharp knife. He was stabbed just in the femoral artery; considerable hæmorrhage took place, which was stopped by a ligature on the artery; but the leg afterwards become gangrenous, and it was necessary to perform the operation of amputation. Since I commenced these Lectures, I have seen a most melancholy instance of a gentleman in the prime of life, who died from gangrene, in consequence of an injury to the femoral artery. This gentleman was thrown out of a gig as he was going down a hill, and the wheel of the carriage went over his thigh. When he was taken up, it was found that he had a simple fracture of the femur. Every thing which attention and skill could do for him was done; but some peculiarities were immediately observed at the time of the accident. The lower part of the leg was quite insensible; it was considerably swelled and hard, After lying in bed for a week.

the patient became so restless that he wished to be removed. This was done in the gentlest possible manner. He did not, however, experience the relief which he expected from a change of position, and the swelling was in some degree increased. I was then sent for; and when I saw him I was surprised to find that gangrene had already commenced at the knee. This was hardly to be expected from a simple fracture; for it so rarely happens that the femoral artery is injured by a fracture of the thigh bone, that amidst all the cases of fractured femur which I had seen in the course of my life, I never yet met with an instance in which the artery was injured. However, from the immediate insensibility of the limb at the time of the accident, from its coldness, from the swelling which accompanied it, and also from the pulsation which existed opposite to the fracture, I was led to believe that the femoral artery was torn through. The question then arose whether we should amputate or not. Upon examination, I found the limb emphysematous; the air had extended into the cellular tissue up the thigh to the abdomen, and putrefaction had already commenced. I perceived, therefore, that the patient had but a few hours to live, and that it was useless to put him to the pain of an operation. Upon examination after death, by the medical gentlemen at Rochester, where the patient resided, it was ascertained that the femoral artery was divided. It seems extraordinary, when we contemplate the situation of the thigh bone, that a fracture of it should not in one case out of ten produce a similar result. A little knowledge of anatomy, however, explains this circumstance. The artery is enclosed in a sheath, which so far protects it, and its elasticity yielding to the pressure of the bone, enables it to escape in a great majority of cases from the occurrence of this accident. The history of gangrene, as far as dissection enables us to judge of it, is this: The excessive action of the part closes the blood-vessels, and the blood contained in them becomes coagulated. This is a curious circumstance, which I ascertained by an experiment made on an animal. It is a well known fact in physiology, that if a quantity of blood be included in a living vessel between two ligatures, at the distance of two or three inches, this blood remains about three hours before it becomes coagulated. To

ascertain whether, if blood were admitted into a dead vessel, from which the air was entirely excluded it would coagulate as it would in a glass out of the body, I put a ligature on the jugular vein of an animal, and another ligature at a distance of two inches from the first; then cutting through the end of the vein, I brought it externally to the skin, so that it hung out from the wound. Having ascertained that the blood coagulates in three hours and a quarter in a living vessel, I took off the ligature from the pendulous dead vessel, and found that in ten minutes, the blood had coagulated as firmly as it would in a vessel into which a person had been bleeding. In a dead blood vessel, therefore, the blood becomes coagulated just as it would in a vessel out of the body. If you attempt to inject a part after gangrene, the injection will not enter the vessel. There is a specimen on the table (Sir Astley exhibited the specimen) of a gangrenous limb, where you may perceive that the injection has entered only as far as the part at which gangrene has commenced. Such is the state of parts under gangrene. They can never be recovered, because living blood can never again circulate in them.

The subject next in order is the Treatment of Gangrene; but as I intend to occupy a little of your time this evening, by a very curious experiment, I shall defer the consideration of that subject to the next Lecture. I have something to say to you, also, Gentlemen, on another subject. In the course of these Lectures I have always considered it my duty to direct your attention to what is going forward in the Hospitals, and to illustrate every subject as far as possible, by a reference to cases which are actually under your inspection.

A short time ago, I amputated a limb in the other Hospital, in a case of aneurism; which is extremely curious, and to which I am not sure that there has ever been a parallel. Some months ago, a man underwent the operation for aneurism; the femoral artery was tied; shortly after, the pulsation disappeared, and he was soon after supposed to be cured of the aneurism, and discharged. He returned to his work; but soon after a swelling arose in the ham, without pulsation. The swelling subsided in consequence of rest; but a few weeks ago, while the man was at labour, the swelling returned with great pain, which increased dur-

ing the time he was in the Hospital; and, as there was no prospect of his recovering a useful limb, amputation was resorted to. In this case, I found the femoral artery below the place to which the ligature had been applied was conveying blood. As it was impossible that the femoral artery could be pervious, the blood must have been conveyed by anastomosis. It does now and then happen, that a blood-vessel will arise from the artery just above the ligature, and pass into the artery immediately below the ligature; by which means the circulation is produced. There is a beautiful specimen in the Collection, where the brachial artery had been tied, and blood was conveyed by a vessel not more than three inches in length, from the part just above to the part just below the ligature. This now and then occurs after the operation for aneurism, anastomosis happening where it is not usually found, from a short vessel running from one portion of the artery to the other.

The other subject, to which I mean to call your attention, is the experiment which I made on an animal last Friday, in the other Hospital. This experiment, Gentlemen, delighted me; I do not know that I have ever experienced greater pleasure in my life than I felt in going home from the Hospital on that day. With respect to antidotes against the effects of poison, it is well known that they are, in a great degree, useless. It is impossible, for instance, to get rid of arsenic from the stomach by any remedy that can be administered. It is doubtful whether any man ever recovered from the effects of that poison by means of an antidote. So with respect to opium, when it is taken into the stomach in such large quantities that vomiting cannot be excited, the patient cannot be relieved by the exhibition of medicine; for where is the antidote against the effects of opium? A few weeks ago, a nurse in this Hospital died in consequence of having swallowed opium. No relief was administered to her; but can it be said, after what we saw on Friday, that no relief *could* have been administered to her? A short time since, a patient died in the other Hospital, under similar circumstances; the quantity of opium taken being so large that vomiting could not be excited by any means which were employed. I was myself, on one occasion, called to a young lady, who had taken two ounces of the tincture of opium. It was ten o'clock in the morning when I first saw her; she was then comatose. I tried to excite vomiting, by the sulphate of copper, given in as large doses as I could venture to administer; which I have sometimes known to succeed when all other means have proved ineffectual. It was however unavailing in this case,

and I sat by this young lady from ten o'clock in the morning, until eight in the evening, watching the regular progress to death, without being able to administer to her the least relief. Let me ask you then, gentlemen, whether an experiment of this kind, is not in the highest degree interesting, and whether we are not infinitely indebted to the man who first suggested the means of administering relief under such afflicting circumstances? I am happy to tell you, that the gentleman to whom we are indebted for this suggestion is now present; that he is ready to have the experiment made upon himself, and that so confident is he of the success with which it may be applied, that he would have no objection, if I could permit it, to take a large quantity of the tincture of opium in your presence this evening. I suggested, however, that a little coloured water would answer all the purposes of illustrating the use of the instrument. The syringe which was brought to me the other day by a very ingenious man, Mr. Reed of Kent, is entirely a new invention, nor do I think the merit of that individual in the least degree diminished, by what I have since learned. The application of the syringe to the stomach, in cases of poisoning, is due to a gentleman whose name I shall presently mention. Mr. Reed's syringe is a new contrivance, which has been formed upon a principle in hydrostatics (first applied, I believe, by Mr. Bramah,) and which is capable of increasing the force of the instrument to the greatest possible degree. To give you an idea of its force: if I were to stand on a piece of wood, and the wood were surrounded by any thing which would prevent the escape of the water, the force of the syringe is capable of raising me from the ground. I do not wish to commit myself by any observations on a subject with which I do not pretend to be particularly conversant; but I believe, Gentlemen, the principle is this: When a fluid contained in a vessel, having a large diameter, is thrown into one of very small diameter, the result is, an exceedingly great accumulation of force.

Thus we see that piles which are driven into the beds of rivers, by the force of immense weights acting upon them, are raised by the admission of a very small quantity of water under them, upon the principle which I have just stated. Mr. Reed's syringe is formed upon this principle, and the valves are besides different from any which had been previously employed in similar instruments. With respect to the medical application of the syringe, however, for the purpose of removing poisons from the stomach, we are indebted for it to Mr. Jukes, a Surgeon at Pimlico, who published an account of it in the Medical and Physical Journal for November 1822, p. 285; and a further account in the same Journal for June 1823. Mr. Jukes originally employed a gum elastic bottle to be applied to the tube; but the improvement of a syringe was suggested by Mr. Bush of Frome.

Mr. Jukes now presented himself to the class, and was received with very great applause; but as he discovered some little imperfection in the apparatus, he deferred the experiment until Monday next; when he promised to attend and accomplish it.

MEDICAL REVIEW.

Transactions of the Associated Apothecaries, and Surgeon Apothecaries of England and Wales. Page 424. BURGESS and HILL.

(Continued.)

IT will be impossible for us to review all the papers which this work contains, and at the same time do them justice, by plainly stating their merits and defects; therefore, we shall devote the greatest part of this notice to the consideration of a subject treated of in this volume: viz.; fracture of the patella. Previously, however, to this, we will just give a sketch of the paper contributed by Dr. James Johnson, on an affection of the pericardium and heart, of not very common occurrence.

Case of Chronic Inflammation and Accretion of the Pericardium to the Heart. By JAMES JOHNSON, M.D.

The subject of this paper, Mr. Bewly, Dentist, Duke-street, St. James's, had for several months past been in bad health, and considered by his friends as threatened with pulmonary consumption, when he was visited, in the middle of April, 1821, by Dr. J. Johnson and Mr. Golding, for a rheumatic affection of the joints, occasional attacks of which he had been seized with during his illness. When these came on, all the symytoms of any pulmonary complaint left him, and returned only when the affection of the joints was removed.

Mr. B. was ordered by his medical attendants to take thirty minims of the vinum seminis colchici thrice a day, to attend to the state of his bowels, and regulate his diet. Under this plan of treatment he was recovering, when he was seized with apoplexy, and hemiplegia of the right side, which all the ordinary modes of treatment failed to relieve, and he died about a week from the attack. The following were the appearances ascertained on examination after death.

"*Head.*—The vessels of the head were gorged with blood, and there was some effusion between the tunica arachnoidea, and pia mater. In making the incision for the centrum ovale, we came to a rent in the right posterior lobe of the cerebrum, containing a clot of blood, about an ounce. The laceration communicated with the lateral ventricle of that side, which was filled with blood, as also the other lateral ventricle, the third and the fourth ventricles.

"*Chest.*—The lungs might be pronounced sound. There were adhesions between the pleura costalis and pleura pulmonalis of the right side, and an effusion of a few ounces of serum in the left cavity of the chest. The pericardium and parietes of the heart were so completely accreted together by chronic inflammation, that the scalpel could not separate them without cutting one or other structure. There was no other organic legion to be seen."

Dr. J. says, that he has seen several cases of this kind within the last six or seven years; we exceedingly regret that he has not given such a detailed account of the symptons of this case, or of the others which came under his notice, as to assist a practitioner, who might happen to have a patient labouring under a similar affection, in discovering its existence. In reference to our au-

thor's quotation, Plura de hoc morbo non addo, &c., we have only to remark that more ought to have been added to render the case of any material use. "Brevis esse laboras, obscurus fis."

We will now proceed to consider the subject of fracture of the patella.

Observations on Fracture of the Patella. By ROBERT PALK MOGRIDGE, *Surgeon, &c.*

Practical Observations on Fractures of the Patella and Olecranum. By THOMAS ALCOCK, *Surgeon, &c.*

Fracture of patella is an accident of such common occurrence, so frequently to be met with in the different hospitals,* and also in private practice, that it might have been expected ere this, no point connected with it would be the subject of dispute; quite the contrary however is the case; and in the very papers before us, two modes of treatment in a fracture of the patella, diametrically opposed to each other, are recommended for the purpose of effecting the very same object, viz. a close union of the fractured portion of the bone. Before we go any further, let us ascertain, 1st. Whether it be possible that ossific union can be produced; and 2dly If it can, what are the advantages to be derived from it.

The possibility of ossific union of fracture of the patella was formerly denied by all; and at the present time is even doubted by some, though the fact that it can take place is now pretty well established; we have never seen a case of ossific union, though it has fallen to our lot to see a considerable number of these cases; yet we have been informed from others, on whose testimony the greatest reliance might be placed, that it has taken place in three or four cases which fell under their care.

It will be proper now to consider whether there are any advantages to be derived from ossific over those of ligamentous union, as on this will depend the degree of merit to be attached to any mode of treatment, by which ossific union of the fractured ends of the patella may be produced.

Wander-Wiel, Ravaton, Pott, and other writers, among whom might be mentioned Sir Astley Cooper, have maintained that a moderate interspace between the two fragments of a broken patella, is conducive to the perfect function of the knee-joint after cure. We cannot assent to this, notwithstanding the authority by which the opinion is supported. An interspace between the portions of a broken patella, tends to weaken the action of the extensors of the leg, and increase the difficulty of progression; consequently it exposes the person to the liability of falling; hence the number of cases to be met with of persons who having had one patella broken, slip their feet, and fracture the other. Desault, on this subject, says, that he always found the joint the more perfect, the smaller the interspace between the fragments. When they were apart, he always found that the patient could not walk up rising surfaces, or pass over irregular ground, without difficulty.

We shall not make any remarks on the different kinds of fracture of the patella, or the manner in which they are produced,

* Within the last five weeks, six cases we believe, of fractured patella, have been admitted into Guy's Hospital.

but confine ourselves to simple transverse fractures of that bone, simply state the indications of cure, and then consider to how great a degree the plans recommended by our authors favour them.

The grand point to be attended to is, to diminish the action of the muscles connected with the patella: these are the vasti (externus and internus), crurœus and the rectus, all of which, excepting the rectus, arise from the thighbone, and this takes its origin from the front of the pelvis; then the upper portion of the patella is to be kept close to the lower. —To the position of the body for the purpose of relaxing the muscles, Mr. Mogridge pays no attention. Mr. Alcock on this subject says, " the leg must be brought into a right line with the thigh, and the thigh be raised towards the front of the pelvis, or otherwise the pelvis be bent forwards on the thigh." P. 294.

The extended position of the limb may be maintained by placing a long splint, well padded, on the back of the leg and thigh, and placing the limb on a surface which forms a gradual ascent from the tuberosity of the ischium to the heel. This being done, it remains now to determine what other means ought to be adopted to approximate the edges of the bone. The object of Mr. Mogridge's paper is, to show the advantage of an instrument he has devised for effecting this purpose; and speaking of the force of the muscles connected with the patella, says, " When you reflect on the quantity of muscular power to be overcome, the means for affecting it must of course be very powerful: the screw alone is equal to it, therefore that I adopted." P. 287.

Mr. Alcock's views on this subject are very different—" Let the surgeon observe the force which is necessary to effect the accura te apposition of the bones, and he will find that a force equivalent to a few ounces weight will suffice, if the relaxed position of the muscles have been well observed." P. 295.

The instrument employed by Mr. M. presses just above and bebelow the knee. " The parts which press on the knee consist of highly tempered steel, with a well and hard stuffed cushion underneath each, leather straps covering them above; into these are firmly riveted the upright pieces, through which the screw and guide pass. The method of applying it is by unscrewing the thumb-screw to its extent; then getting portions of the fractured bone between the instrument, apply a splint inside it. On the back of the thigh and leg, buckle the strap around the limb and splint as tight as possible; then, with the thumb-screw, bring the instrument together." Page 288.

Mr. Alcock thinks that screws and all such complicated apparatus may be dispensed with. " The apparatus for keeping the ends of the bone in apposition may be very simple. The writer has generally used strips of plaster of about an inch in breadth and a foot long, crossing obliquely from the integuments immediately above the patella to the upper and back part of the leg, the patella being within the angle formed by the crossing. A moderate-sized compress has been then placed immediately above the patella, the ends bending downwards on each side. A narrow double-headed flannel

bandage has been generally preferred, on account of its greater elasticity than linen or calico. A splint may or may not be placed in the ham, as circumstances require; the bandage should not be so tight as to cause the leg to swell, otherwise the lower part must be also supported. There is an advantage in leaving the patella uncovered, as it enables the surgeon not merely to suppose that the ends of the bone are steadily supported in contact, but to assure himself of the fact, day by day, without disturbing the apparatus." Page 296.

Mr. Mogridge has given, with his paper, a plate of a limb with his instrument applied to it; Mr. Alcock has not. In the one case persons will be able to see, without even giving the instrument a trial, the mischievous effect it is likely to produce; in the other, for want of a plate, those who may read Mr. Alcock's description, and have not adopted it, or a plan similar to it before, will not have that impression of its merits which it really deserves. We have seen Mr. Alcock's plan adopted, and with the most favourable result; we are continually in the habit of seeing a mode of treatment similar in principle to Mr. Mogridge's, pursued, though his exact instrument is not employed; and the pain and inconvenience produced to the patients at the time, together with the issue of the cases, have quite satisfied us of its inexpediency.

The addition of two or three cases, together with a plate, would add greatly to the value of Mr. Alcock's paper.

The Associated Apothecaries have offered premiums (10 guineas each) for two Essays on the following subjects, and which must be transmitted to the Secretary, or President, of the Association, on or before the 1st of May 1824:

I. "For the best original Essay on the subject of Medical Education, in which the relative importance of the various accessory sciences is ascertained; and the extent to which each separate science or branch of general knowledge should be cultivated, to afford the highest degree of usefulness in the healing art."

II. "For the best experimental Essay on Inflammation. The number, accuracy and practical importance of the facts and inductions communicated, will form the basis on which their respective merits will be appreciated."

We repeat, that this volume contains much valuable matter, and we participate in the hope expressed by the Committee, that it is only the first of a series of volumes. We are afraid, however, if we may judge from the extreme deliberation with which all the measures of this Society appear to be taken, that the series will not follow in very rapid succession.

MODE OF PRESERVING HEADS.

The following account, as given by Captain Cruise, in his Journal of the manner in which the New Zealanders preserve heads, may not be altogether uninteresting to our readers. The preserving of heads is very common among those islanders; with us, however, it is extremely rare, few anatomists in this country having ever attempted it.

"When the head has been

separated from the body, and the whole of the interior of it extracted, it is rolled up in leaves, and put into a kind of oven, made of heated stones, laid in a hole in the ground, and covered over with earth. The temperature is very moderate, and the head is baked or stewed, until all the moisture, which is frequently wiped away, has exuded, after which it is left in a current of air until perfectly dry."

By this process the features, hair and teeth, remain as perfect as in life, and keep for a great length of time without showing any symptom of decay.

JONAH'S RESIDENCE IN THE WHALE'S BELLY ACCOUNTED FOR ON PHYSIOLOGICAL PRINCIPLES, BY DR. PEARSON.

Physiological facts are never more interesting than when they are found to confirm the great truths of our religion, and to afford a satisfactory explanation of phenomena which infidels have treated with derision, without the necessity of resorting to a miraculous agency. Dr. Pearson, of George-street, Hanover-square, in lecturing a few days ago upon the stomach, observed, that this organ had no power over substances endued with vitality; and that this circumstance accounted for the fact of the prophet Jonah having remained undigested in the stomach of the whale for the space of three days and three nights. Dr. Pearson's discovery is highly important, both in a medical and theological point of view: it furnishes a complete answer to all the objections which have been urged by sceptics against that part of the Sacred Volume in which this singular adventure is related. How the prophet passed his time in the cavity of the whale's stomach—how far the confinement affected his organs of respiration—in what manner he derived his sustenance, or whether he required any sustenance at all, are all questions of minor importance. The fact of the stomach having no power over vital substances having been once established by Dr. Pearson, the corollary is obvious. The argument may be thus stated:—When Jonah entered the whale's stomach, either he was alive or he was not alive. If he were not alive, the stomach would have had the same power over him as over any other inanimate substance, and the prophet would have been digested in the ordinary way; but he was vomited out alive on the fourth day; consequently he was alive when he entered the stomach. Now, as he was alive when he entered the stomach, and as the stomach has no power over a living substance, it is evident that he must have continued to live. Hence, when the action of vomiting was excited, and he was thrown up on the fourth day, he was deposited on the dry land, probably without any other inconvenience than some trifling derangement of his canonicals. Dr. Pearson deserves the thanks of the pious, as well as the philosophical part of the community, for having explained this phenomenon in a manner which renders it as demonstrable as any of the propositions of Euclid.

ON BATHING.

No. I.

"The practice of bathing was instituted, (says an ancient writer) with a view to cleanliness, to the

increasing of the body's heat, for the preservation of health, or for voluptuous gratification." But immersing the body in water has been occasionally used for the additional purpose of cooling or reducing temperature; and in modern times this has been done pretty extensively upon scientific principles, and in a systematic manner, so that the above position in reference to the motives for immersion, requires to be accordingly modified. We may be said to bathe either for pleasure or health; that is, with a view to immediate gratification, to guarding the body against disease, or to the actual counteraction of disease itself: and in the present series of articles we shall confine ourselves to the consideration of the modern practice, in reference especially to its salutary effects when it is judiciously had recourse to; and to its injurious tendency when misemployed.

We first propose to treat of *cold bathing*, or immersion in water under 80 degrees of Fahrenheit's scale. We shall then discuss the subject of *warm* and *hot bathing;* and finally, we shall make a few remarks on the contested question, Whether medicinal powers are capable of influencing the system by the impregnation of waters, or vapours that are used for the purpose of total immersion, or of partial application.

Cold bathing, in the abstract, is vulgarly imagined to be a strengthening process; and so it in fact is, when had recourse to under proper regulations; but its bracing operation has been inferred too generally, from the constringing effects of cold upon some kinds of inanimate matter; and an erroneous theory has often led to a mischievous practice. Again, it has been thought that immersing the body occasionally in a medium of a lower temperature than the atmosphere, may prove useful, by accustoming the system to natural and necessary variations of heat and cold; and thus may be especially applicable to the inhabitants of so changeable a climate as is that of Britain; in this case also, the influence has probably been too precipitately made, and drawn out too largely; since the transition implied by cold bathing is at once too great, and too rare in its recurrence, to ensure the alleged effect precisely in the manner and to the amount supposed.

We have known, indeed, several instances of individuals becoming far less sensible to the unpleasant feeling, or the injurious influence of cold, by the daily practice of immersion; and one gentleman in particular has lately told us, that he has scarcely known what taking cold is, since he adopted the practice of plunging into a pond in his garden, every morning during the year, immediately upon rising from his bed; but in these cases it is questionable, to say the least, whether the preventive against catarrhal complaints, which cold bathing proves, may not be referable rather to the generally strengthening and exciting operation of the measure, than to the principle of accustoming the body to vicissitudes of temperature.

It is admitted by all, that the beneficial effects resulting from cold immersion, are only then obtained when a glow or re-action, as it is termed, succeeds to the first shock; an acknowledgement of this fact is inconsistent with the

notion of any great good being accomplished by the constringing or tonic power of cold itself; indeed, if any corollary can be deduced beyond that taught by mere empirical observation, as to the advantages of plunging into cold water, or having the same poured suddenly over the surface of the body, we should be disposed to say, that the operation upon the sentient system in the first instance, and the subsequent excitement in the second, are those circumstances to which the good is mainly attributable:—the excitement of which we speak, of course implying altered vascular conditions and effects upon the various secretions. Hence, the utility of the practice in those cases in which perception is morbidly affected, as is instanced in convulsions and insanity, both of which conditions have occasionally been beneficially treated by cold immersion and effusion. Hence, likewise, the good that is sometimes done by this remedy in those examples of irregular excitement, which pass under the general denomination of fever, in which maladies, the double indication of treatment often presents itself; viz. that of suppressing morbid, and raising up healthy excitement and heat. J. W.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Nov. 28th. A case of cut-throat, strangulated femoral hernia, and laceration of the scalp, are the only accidents that have been admitted here this week.

J. G., aged 27, was brought to this Hospital, Monday morning (Nov. 24.) having made an attempt to commit suicide, by cutting his throat. On examination, it was found that he had made an incision just at the base of the os hyoides, directly into the pharynx. One vessel only, supposed to be a branch of the submaxillary artery, was obliged to be secured; the parts were brought accurately in contact; strips of adhesive plaster applied, and the patient was ordered to be kept exceedingly quiet; he is going on very well. Two sutures were used in the wound.

The woman with femoral hernia was admitted yesterday morning (27th) at nine o'clock. The hernia had been strangulated for twelve hours before her admission; it was small, not being much larger than a pigeon's egg. She was bled largely; put into a warm bath, and, whilst in a state nearly approaching to syncope, the hernia was reduced about two hours after she came to the hospital.

No operations have been performed here this week. The accidents mentioned last week are doing well.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE.

Nov. 25. At half past one o'clock this day, the following clinical remarks were delivered by Mr. Travers, in the female operating theatre, in reference more particularly to the case of compound fracture; a detailed account of which we subjoin.

After examining the amputated limb that was before him on the table, stating to the pupils present the extent of the injury, and the

manner in which it was done, Mr. Travers said:

With such an extensive injury as this before me, Gentlemen, there could not be for a single moment the least doubt as to the propriety of what ought to be done. Fracture, combined with extensive laceration of the soft parts, is a most serious injury; it renders what would have been otherwise a simple, a compound fracture.

An extensive laceration of the soft parts, is in itself an extremely formidable injury; we have had persons admitted into our Hospitals with destruction of the integuments so as to expose the muscles of the arms or thighs, and who have died shortly after their admission; one patient, in particular, who was under the care of the late Mr. Henry Cline, I recollect, did not live after the 2d day from the accident. Laceration of the soft parts is then a most serious injury, and you see why it should be; 1st. The actual exposure of surface in those cases—2dly. The certainty of an irregular or spasmodic action of the muscles, and also the probable chance of loss of blood, a circumstance which of all others predisposes the system to constitutional irritation; now suppose that there be added to this a fracture, not a simple transverse, but an irregular fracture, with detatched portions of bone in several parts, and which will not be accepted again by the original bone; here then they must be removed by abscess, suppuration, and ulceration; *i. e.* they must be got rid of like all other extraneous bodies, they must exfoliate and be cast out; the consequence of this is you will have an immense number of absesses in the course of the detached portions of bone. I am not speaking in exaggerated terms when I say that I have seen a complete bag of absess in a case where an attempt had been made, with the best intention, though injudiciously I think, to save the leg.

Now I am speaking of common wounds, those not complicated with joints; if they communicate, however, with joints, such as the knee, ankle, or elbow joints, the danger in preserving life is much increased; injuries of joints give rise to great constitutional disorder. A boy was brought into the other Hospital (Guy's) with a puncture that had been made into the knee-joint, unaccompanied with fracture; he died on the third day after his admission, having had extremely violent symptoms of constitutional irritation. On examining the joint after death, it was found that the capsular ligament had been perforated in the poples; on the inner side, I believe, of the right knee, the synovial membrane had suffered acute inflammation; there was a coating of lymph, like a villous membrane, on one side, and it was quite natural on the other. Wounds communicating with joints affect the patient directly and indirectly; *directly*, the system sympathizes with the injury; and indirectly, they act by the ultimate recovery of the patient being imperfect. The question is, under these circumstances, which is the best, to save the limb or not? In all these cases, it is of infinite importance to be prompt in your decision, more so almost than in any other cases to be met with in the practice of the profession; it is of importance to bear in mind, not so much the ultimate use, or the more or less perfect motion of the

limb, as whether the patient will live or not; for if he be likely to live over the accident, it is your duty to give him the best chance; it is not because he will be subject to many months' confinement, or that exfoliation and abscess will take place, that you reject saving the limb; the loss of motion at the ankle or knee joint is quite secondary; our question is, can we, consistently with the life of the patient, save the limb; we have no right to be judges whether a wooden leg or stiff knee, or a mutilated limb, or confinement for two years, is preferable.

Now life is endangered in several ways by injuries of this kind. 1. By what I call a shock to the nervous system, not a physical concussion, as in injuries of the head, but a concussion to the nervous system. In physical concussion you find some minute lesion or organic appearance to explain the symptoms, but in the other kind you find none. I have opened a good many heads of persons who have died of this kind of concussion, this shock to the nervous system, in whom brandy, ammonia, and other stimulants were unable to keep up the pulse, and have found nothing to account for death. The operation of this shock is generally from the first to the third day, and the patient often dies before inflammation sets in. The symptoms of this complaint are, however, quite different from those which characterize inflammation; in inflammation he does not die of non-reaction, but prostration; the one case is attended with delirium, and every symptom of disturbance to the nervous system, convulsion and stupor; in the other, and this is always the last, the pulse is preternaturally rapid, though irregular, to be felt at the heart, and not at the extremities; spasm over the whole system, as if it had been subjected to the influence of an electrical machine; delirium, followed by stupor, subsultus tendinum, and death: these are the two forms then, direct prostration without excitement, the other direct prostration followed by excitement.

CASES.

Thos. H., aged 44, drayman, was admitted into St. Thomas's Hospital, Nov. 24, 1823, under the care of Mr. Travers, with a compound fracture of the left leg. —Says that whilst he was driving the dray the horses took fright, and he in endeavouring to jump off the shafts on which he was sitting, slipped, and the wheel went over his left leg.

Has been in the habit of taking much porter; he was quite sober, however, at the time of the accident.

The tibia is fractured and comminuted in three or four places; the fibula is also in one part, just above the outer malleolus. The integuments, or the inside of the leg, are very much lacerated; the laceration extending from the inside of the knee joint, to very near the inner malleolus; through the upper half of the wound, the belly of the gastrocnemii projects, and on the lower half are several clots of blood.

The wound bled pretty much before he was brought to the Hospital, but since very little.

He was admitted about seven o'clock, p. m. and the accident happened two hours before his admission.

The man is very cold, and feels considerable pain in the limb;

countenance pale and anxious; pulse 96; rather full. He has taken a little warm tea.

As soon as the nature of the injury was ascertained, the Surgeon for the week (Mr. Travers) was sent for, who arrived at 8 o'clock, and immediately on examining the part, he told the man that he must submit to an operation. This opinion was also sanctioned by Sir Astley Cooper, who saw the man at the same time with Mr. Travers.

Soon after eight, the operating theatre was thronged; most of those attending the Surgical Lectures were enabled to be present, as Sir Astley postponed the Lecture on that account.

At half past 8 o'clock, the man was brought into the room, and placed with his back on the table; in a few minutes the surgeon arrived, and after the tourniquet was properly adjusted, proceeded to amputate below the knee in the following manner:

The legs being separated from each other, and the limb affected being supported by an assistant, the operator standing to the right of the patient, began the incision at the upper part of the inside of the leg, immediately below the joint, carried it obliquely downwards and outwards, so as to preserve between three or four inches of bone; he then continued the incision from the outside obliquely upwards and inwards to meet the point from which he commenced; by this means the flap was made from the integument on the outside of the leg, as the laceration on the inside extended very high up; the muscles were then divided, and the bones sawed through; after this three vessels were secured; but previous to this the head of the fibula was detached from its connexion with the tibia and taken out. One end of each ligature was cut close to the vessel, the other left hanging out. The integuments being adjusted, straps of adhesive plaster, and lastly a roller were applied.

The patient was then removed to his bed, and ordered to take forty drops of laudanum in an ounce of camphor mixture.

The removal of the limb occupied the space of five minutes; the securing of the vessels, and the time allowed for waiting to see whether any more than those secured would bleed, twenty-five more.

During the operation the man became extremely faint; but after some spirits were given him he soon revived. The operator was Mr. Travers.

Nov. 25th. Did not sleep last night: he was not in any pain, excepting in his back, which ached a good deal. Between twelve and two o'clock in the night felt sick at the stomach, which soon passed off. At six this morning, jumping and starting of the limb came on, which still continue and prevent him from sleeping. Tongue white and dry, excepting the edge, which is very red. Thirsty; respiration laborious, 42. Pulse quick, full, and rather hard. Coughs a little. Slight tenderness in epigastrio, on pressure.

Wednesday 26th., slept pretty well; tongue, dry and white; not so thirsty as yesterday; pulse full and quick, 144; not so hard; respiration, 36; tenderness in epigastrio not so much as yesterday.

Stump smarts a little, but the jumping of the limb has left him; no bleeding from the wound has taken place:—

℞ Pulv. Scammon. cu. Cal. ℈ss. M. fiant pilulæ ij statim sumendæ.

27th. Slept till one this morning, when the knee began to shoot and jump, and continued so till between five and six; after this the limb felt very hot, and at ten hæmorrhage from the stump came on, which was stopped in a a very short time, by tightening the tourniquet; the dressings were taken off, and fresh ones applied; about half a pint of blood was lost. The bleeding was attributed to the body being moved, in order to place the bed-pan under him.

Countenance anxious, pale, and death-like. He feels faint and chilly; tongue white and dry; pulse 120, tremulous, rather small; respiration, 42, laborious; bowels opened twice by the medicine; limb aches and jumps a little: brandy and water were given him this morning on account of the faintness. He was ordered to take two large spoonfuls of the saline mixture, with four minims of tincture of opium every six hours, and to have four ounces of port wine a day, and some sago.

28th. Passed a good night, and feels pretty comfortable; tongue white at the edges, and brown in the middle, dry and parched; not very thirsty; pulse 144, fuller than yesterday; respiration, 20, less laborious; bowels open twice, stools dark-coloured, and of an offensive smell; pain in epigastrio removed.

Stump feels easy; very little jumping of the limb; tourniquet still on, but not tight.

Continues to take the wine, sago, and medicine; has had some mutton broth to day, and is ordered to have beef-tea.

We are compelled to allude to one circumstance connected with the history of this case: on the 27th, hæmorrhage came on as is supposed in consequence of the patient being obliged to move his body for the purpose of allowing a bed-pan to be passed under him, to receive his evacuations. Here then, it appears, has the life of an individual been endangered for want of a simple contrivance that might have enabled him to pass his stools without disturbing in the least the limb, and which contrivance might be formed without either much skill or expense. We have seen so many instances of this kind in the Borough Hospitals, that we shall take every opportunity of giving publicity to them when they occur, in the expectation that a cause of so much mischief will soon be removed. It is, however, melancholy to state that this is but one out of many evils in the Metropolitan Hospitals, which are a disgrace to those who allow them to exist. —In due time we shall expose them all.

Nov. 27th. John C. aged 39, Willandon, Sussex, labourer, was admitted into Isaac's Ward, Saturday, Nov. 22, with stone. Says that four years ago he was seized with pain in his kidneys, particularly the left, which continued more or less till six months ago: and in the beginning of last summer, the pain in the kidneys went off, but scalding in making water, which he had felt more or less for these four years past, then became much worse. He could sometimes make a good deal, at others but a few drops, and immediately after felt a shooting pain in his yard, all through the urethra. At

this time he also felt a shooting pain in the anus, after stool. For these seven months past, his general health has been very good, but prior to this time it was very much deranged.

Stout, but not of a strong constitution—generally walks about the ward with the body slightly bent, as this position gives him ease.

Tongue white, excepting at the edges, which are red; moist. Appetite very good; not thirsty; pupils dilated; bowels regular; urine turbid; white sediment at the bottom; pulse 75; full.

Abdomen round; slight tenderness, on pressure, just above the pubis, and in the region of the left kidney; feels a shooting pain through the yard at the time, and after he is making water; and also, occasionally, down through the lower part of the back. Was sounded on Monday, when a stone was ascertained to be in the bladder. Takes a little medicine to keep his bowels regular.

28th. At half past one this day the patient was brought into the operating room, and a stone of a circular figure, not very thick, somewhat larger than a crown, was extracted from the bladder. There was a slight difficulty in the extraction, which arose from its shape. The stone was composed of uric acid. The operator was Mr. Travers.

Three cases of fractured ribs, a fractured thigh and humerus; and a female with a cut near the knee joint, together with a case of inguinal hernia, have been admitted this week: the hernia was reduced whilst the patient was in the warm bath, without having recourse to any other measure.

MIDDLESEX HOSPITAL.

Case of affection of the Nervous System.

[Continued from p. 279.]

Nov. 24. To day ten ounces of blood were taken from the back of the neck, by the scarificator and cupping glasses; as usual, he made a great noise during the operation, and according to the report of the nurse, *cried more naturally than on any former occasion.* How far this latter incident may be a sympton of a gradual return of all his faculties, time alone will determine. A dose of calomel, jalap, and ginger, was given him. The affection of the arm has considerably diminished, and he can now raise it to his head with tolerable facility.

25th. It is reported that he is now able to whistle, with which action the muscles of the chest and lips are associated; which appears a contradiction to our former statement. It seems however, that although he undoubtedly *can make a faint noise* resembling the sound of a whistle, it is merely occasioned by drawing in his breath; his lips being at the same time nearly closed as the necessary preliminary to that action. His whistling, therefore, is not such as would be recognized to be of the legitimate order. In this action of whistling, it is necessary that the breath should be pushed forwards from the cavaties of the lungs, and afterwards modulated by the lips: there is, however, a want of sympathy in this respect, for he is incapable even of attempting it. This is, therefore, a completely *negative* action. inasmuch as it consists in the *inspiration* of air into the lungs, instead of its being

expired as is naturally the case; and further, no proof of the disease having in any respect given way. Upon being asked if he heard himself whistle, he explained, by writing on a slate, that he did not; but there was some difficulty in collecting his meaning in this instance. It is probable that he has some sensation of the notion of drawing the air through his lips, and in the subsequent effort of exspiration. The purgatives and blisters to be continued.

26th. A slight degree of spasm was observed about the lower lip. He has a little fever to day, and in consequence a draught of acetated ammonia, is ordered to be given him three times a day.

[To be continued.]

Acute Ophthalmia.

Maria Ford, aged 17.

This young woman has been for two years subject to a scabby eruption about the eyes. When she first applied here, she had an inflammation of the right eye so severe as to threaten its rapid destruction. The albuginea was loaded with vessels exhibiting a very high degree of inflammation. A pustule, or ulcer, was forming on the cornea, and the iris was to appearance highly irritable. Diminution of the pupil, attended with intolerance of light, and pain in the right temple. Attributes the attack to exposure to cold during menstruation.

Nov. 1 & 2. Two leeches to the inner surface of the palpebræ, interior of the right eye; calomel and opium every night.

Nov. 3. Repeat the leeches, and continue the calomel and opium. A draught of senna and salts to be given her.

4. A blister to the temple; and the extract of Belladonna to be rubbed over the palpebræ externally.

8. The inflammation has subsided; redness diminished; effects of light not so severe; pain diminished; pupil still contracted; and coagulable lymph effused into the cornea. A poultice was applied, wetted with the following lotion:

℞ Plumbi superacetatis grana decem, opii duri drachmam dimidiam, aquæ distillatæ libram unam.

Pro Cataplasmate.

Calomel and opium to be continued. Blister to the temple.

20th. Considerably improved; the redness of the albuginea has disappeared: transparency of the cornea nearly perfect; can bear the light without uneasiness; a drop of purulent matter is collected in the inner canthus.

℞ Zinci Sulphatis, gr. iv.
Liq. Plumbi. Acet. ♏ x.
Aquæ Distillatæ. ℥ iv M.
Fiat Collyrium.

The finger to be pressed on the lachrymal sea, to discharge the matter from it; a drop of the lotion to be applied to the inner canthus of the eye, that it may be absorbed by the puncta.

26th. The eye has at this time nearly recovered its ordinary power, and there is nothing further in this case that we need notice at present.

27th. There have been no accidents of any importance admitted here this week:—a child about a year and half old, was brought in labouring under the effects of concussion from a fall: by the application of leeches and evacuating the bowels, it is now doing well. A few burns have also been admitted, one of which is so severe as to leave very little chance of recovery.

ST. GEORGE'S HOSPITAL.

James Wilson, 1st Regiment of Horse Guards, was received as an in-patient, having two nodes, one on the anterior edge of the tibia, and the other on the fibula of the left leg. These swellings began about seventeen months ago, from no evident cause. At first no pain was experienced, but, after five months, they became troublesome; on this account, mercury was given, by which the symptoms were aggravated. About six months since the pain was so severe, that it entirely deprived him of sleep, and prevented him from going on duty. After having been an out-patient for a short time, without getting better, he was received into the Hospital on the 22d instant; on the 24th, incisions the whole length of the nodes were made upon them, completely through the periosteum; these gave immediate relief; the periosteum was not much thickened, the swellings being entirely bone.

26th. The pain has not returned.

28th. General health good, has had a night of uninterrupted repose. No recurrence of pain.

On Monday, the operation for the *radical* cure of hydrocele was performed on two persons, who are at this time (28th) doing very favourably. Mr. Eubank this day drew off the water in another case of hydrocele, but did not deem it prudent to inject, as both testicles were very much enlarged.

On Thursday night, a young man was received with an injury of his left hand. Mr. Keates amputated the thumb in consequence of fracture, and extensive laceration of the soft parts.

The man, whose bladder was punctured last week by Mr. Gunning, is doing well.

ANTIQUITY OF SURGERY.

From the account given by Homer, of Machaon and Podalirius, the sons of Œsculapius, having acted as surgeons to the Grecian army during the siege of Troy, Celsus infers, that surgery is the most ancient branch of the medical art. "Quos tamen Homerus, non in pestilentiâ, neque in variis generibus morborum aliquid attulisse auxilii, sed vulneribus tantummodo ferro et medicamentis mederi solitos esse proposuit—Ex quo apparet, haspartes medecinæ solas ab his esse tentatas, easque esse vetustissimas." These (Machaon and Podalirius) Homer states to have been accustomed to give their assistance, not in the plague, nor in the various forms of disease, but to the healing wounds by incision and local applications. Hence it appears that surgery was the only science practised by them—and that it is the most ancient.

Dr. COLLYER.

Dr. Collyer has been sufficiently ill-advised to proceed against the Publisher of The Lancet, *by indictment.*

On this subject we shall merely quote the following unanswerable paragraph, which appeared in *The Times* of Friday. It speaks volumes.

"It will be perceived by an advertisement in this day's journal, that Dr. Collyer has proceeded by indictment against the publisher of *The Lancet.* It is,

we assure him, from the most perfect good wishes for him and his character, that we hint to him that the process by indictment leaves the main question (namely, that of the truth or falsehood of the imputations against him) where it found it—untried. Would he, on the contrary, proceed by action, he would allow his adversaries to bring forward their proofs, if they have any; and by disproving these, his innocence would be established."

THE DRAMATIC LANCET.
No. 6.

Covent-Garden Theatre.—The return of Mr. Sinclair from Italy, after a voluntary exile of six years, seems to have produced little short of a revolution in the musical and fashionable world. Already this gentleman has nearly beaten Cortes and Caius Gracchus out of the field, and the manager of Drury-lane Theatre, stifling all other considerations, for the sake of his interest, has been compelled to offer a *carte blanche* to Mr. Braham, who, like the fugitive monarch of Itheca, is invited home to assert his rightful supremacy, and strip the borrowed laurels from the brow of his presumptuous rival. In the mean time, the proprietors of this establishment, having got the start of their competitors, are determined to secure the vantage ground they have obtained, and the Cabinet, (as dull and wretched a piece as ever was foisted upon the patient endurance of an audience) is, therefore, to be played *three times* a week, to accommodate the crowds of passionate admirers, who flock to enjoy the warbling strains of this distinguished and *highly-praised* singer. Were we disposed to moralize, we should say that this has become a mere *sing song* nation; pleased like children, with every *play-thing novelty*, and delighted with nothing so much as with unmeaning pageantry and empty show. If a play of our divine Shakspeare is to be represented, it must either be cut down and converted into an *opera*, to tickle the refined ears of the *cognoscenti*, or degraded into a *pantomimic spectacle* to administer to the gross and sensual appetites of the vulgar. Is an interesting tale to be unfolded, or an useful moral inculcated?—Every expedient that ingenuity or folly can devise, is resorted to, in order to produce a striking and dazzling effect,—the machinist, the scene painter, the property man and the composer, all, (save and except poor neglected *genius*) are put in active requisition, to furbish up an entertainment worthy of the *enlightened taste of the times.*—Nature herself is completely reversed. Dogs, elephants, and horses are tortured into a pliant subserviency to the caprice and tyranny of their employers; brutes are elevated beyond their proper sphere of action, and intelligent beings are debased to a level with brutes! But to return from this digression. In our last Number we observed, that Mr. Sinclair, since his journey to the continent, has materially improved. By this we did not mean it to be inferred, that he is either an original or a perfect singer. He certainly understands *sol faing* completely, and is lavish even to redundant profusion of all the ornamental graces and embellishments of the art. But his voice possesses neither strength nor extent of com-

pass; it is distinguished neither by that sublime energy nor that beautiful intonation that has so often enchanted us in the delightful strains of Incledon and Braham! So conscious, indeed, is Mr. Sinclair of his deficiency, that he continually has recourse to his *falsetto* or feigned voice to conceal his natural defects, and seeks by a prodigal display of meretricious ornaments, to compensate for the want of simple melody and genuine expression. His tones are often wiry, vibrating, and tremulous; resembling rather the chords of a musical instrument than the full and animated sounds of a human voice. As a singer he is decidedly inferior to Braham, of whom he is but the *echo*, and not far superior to Duruset, whom he excels only in flexibility of voice and distinctness of articulation. — Want of space precluded us in our last from mentioning Miss Paton, and we therefore hasten to compensate for our apparent neglect and injustice, by saying that deducting the novelty of Mr. Sinclair's first appearance, after his long absence, and the extravagant puffs that had been so industriously circulated to ensure a full attendance, *hers* was the chief attraction, and to her justly belong all the well earned laurels of the evening. There was a *naiveté* and vivacity in her performance of *Floretta*, coupled with the exquisite manner in which she sang the airs allotted to her; and particularly that of "The bird in yonder cage confined," which completely won the hearts of the audience, and obtained universal applause. What a contrast did her *acting* present to the feeble and inanimate efforts of Mr. Sinclair, who personated Orlando; but who, in his gait and manners, appeared so little like a prince, that, as Hamlet says, "one might have supposed him to have been made by one of Nature's journeymen, and not made well neither, he imitated Humanity so abominably!"

Upon the revival of King John last Monday, at this Theatre, we shall be brief; and for this reason —that, as we can say but little in its *praise*, we are very ill-disposed to say much in *blame*. The scenery and decorations were beautiful, and the dresses and *costume* as splendid and (we believe) as accurate as the most bigotted antiquarian could desire. But the performers!—in the simplicity of our hearts we had almost forgotten *them*:—for really, judging from the ostentatious parade in the play bills, about *illuminated manuscripts*, *heraldic monuments*, *vases and coins*, we might naturally consider them of inferior importance. With the exception, then, of Mr. Kemble's Falconbridge, which is a character peculiarly his own, and the best represented in the play, we can scarcely record one that was deserving of any very particular notice. Some of our readers will, perhaps, exclaim, "What! not Mr. Young's King John?" We answer, No! Mr. Young's acting was good; in many scenes excellent; but it was neither Shakspeare's King John, nor the King John of English history. His loud and declamatory tones, and his high swelling air and manner, might have suited the character of Hotspur or Coriolanus, but were here evidently misplaced, and out of season. A Master Hall represented Prince Arthur, and considering his age,

(thirteen years) and that he is quite unused to the stage; it being, according to the bill, his first appearance, acquitted himself in such a manner as to promise very favourably, when a little practice and increased confidence shall enable him to develop his latent power. The scene between him and Hubert was affecting, and obtained much applause.

Our readers will already have anticipated that the Constance of Mrs. Bartley was a failure. There are some characters that appear to have belonged so exclusively to Mrs. Siddons, and were so peculiarly adapted to her astonishing powers, that we begin almost to despair of ever again seeing them adequately filled by any other performer. We would recommend Mrs. Bartley to avoid them in future, and confine herself to those where tenderness and maternal affection alone, unmixed with lofty passion or great mental energy, are required. We now see and sensibly feel the loss of such a highly-gifted being as Mrs. Siddons. Her Lady Macbeth, Queen Catherine, and Constance, are left without a representative; and to use the language of a late poet,

"Are parts when she dies should be laid in her hearse."

CHESS PROBLEMS.
No. 4.

In the first of the following situations, the game was won in a remarkably scientific manner by the gentleman who conducted the moves of the white, who is a player of first-rate skill. An attentive examination of this situation will be extremely instructive to the student. The next position occurred at Prague, M. Brodezky, an eminent player in that city, conducted the white, and forced the mate by a brilliant series of moves. The next position, which we present this week to our readers, is taken from an East Indian treatise, and is one of extraordinary difficulty and complication. It appears to have been suggested by Marshal Saxe's problem, which we gave in our last Number. In that problem the student has seen the ingenious manner in which the pawns on one side were compelled to file off, to afford a passage for the white pawn; but in this problem the extremely difficult condition is superadded, that the black pawns shall not be suffered to move; a condition which seems to render its execution almost impossible. As this problem has been given rather as a specimen of the difficulties which may be surmounted by combinations at Chess, than as a practical exercise for the student, we have annexed the solution.

Philo-Lancet may be assured that there are no typographical errors, and still less any errors of calculation, in any of our problems.

Danican is right.

The Lancet is invisible; but we shall be always ready to give any information to our Correspondents on the subject of Chess.

Problem X.

The black having played his queen's bishop's pawn, one square, attacking the queen, the white is required to win the adverse queen, and consequently the game in five moves.

Position of the Pieces.

WHITE.

King at his knight's square.
Queen at her fourth square.
Rook at the king's bishop's square.

King's bishop at the queen's bishop's fourth square.

Knight at the adverse king's bishop's third square.

Pawns at the king's rook's. king's knight's, queen's rook's, and queen's knight's squares, at the queen's bishop's third square, and at the adverse king's third square.

BLACK.

King at his rook's square.

Queen at her square.

King's rook at the king's bishop's square.

Queen's rook at its square.

Bishop at the king's knight's third square.

King's knight at the king's second square.

Queen's knight at its square.

Pawns at the king's rook's, queen's rook's and queen's knight's squares; at queen's bishop's third, and queen's third squares.

XI.

White to give checkmate in six moves.

Position of the Pieces.

WHITE.

King at his knight's second square.

Queen at the king's knight's square.

Rook at the adverse king's third square, knight at the king's knight's fourth square.

Bishop at the adverse queen's fourth square.

Pawn at the adverse king's knight's fourth square.

BLACK.

King at his rook's square.

Queen at her second square.

Rook at the king's knight's second square.

Bishop at the king's knight's third square.

Pawns at the king's rook's square, and queen's bishop's third square.

XII.

White to win with the queen's bishop's pawn in eighty-one moves, without taking any of the black pawns, or *suffering them to be moved.*

Position of the Pieces.

WHITE.

King at his bishop's square.

Queen at the king's bishop's third square.

King's bishop at the queen's third square.

Queen's bishop at the king's bishop's second square.

King's knight at the king's bishop's fourth square.

Queen's knight at adverse king's bishop's fourth square.

King's rook at adverse king's bishop's third square.

Queen's rook at adverse king's bishop's second square.

Pawns at the queen's bishop's second, and queen's knight's third squares.

BLACK.

King at his rook's square.

Pawns at the queen's knight's third, queen's knight's fourth, and adverse queen's knight's fourth squares; and at the queen's third, queen's fourth, and adverse queen's fourth squares.

Solution of Problem XII.

We shall only give the moves of the white, where the black has but one method of playing, and when he has an option, we shall give that move of the black, which is most favourable to the defence.

1. King's knight to adverse king's third square.
2. King's knight to adverse queen's bishop's second square.
3. King's knight to adverse queen's rook's square.
4. Queen's knight to adverse king's second square, checking.
5. Queen's knight to adverse queen's bishop's third square.
6. Queen's knight to adverse queen's square.

7. Queen's rook to adverse queen's rook's second square.

8. Queen's bishop to king's square.

9. Queen's bishop to queen's second square.

10. Queen's bishop to queen's bishop's square.

11. Queen's bishop to queen's knight's second square.

12. Queen's bishop to queen's rook's square.

13. King's rook to adverse king's bishop's second square.

14. Queen's rook to adverse queen's rook's third square.

15. Queen's knight to adverse queen's knight's second square.

16. Queen to adverse king's bishop's fourth square.

17. Queen to adverse king's third square.

18. King to king's bishop's second square.

19. King to king's bishop's third square.

20. King to king's bishop's fourth square.

21. King to adverse king's bishop's fourth square.

22. Queen to adverse king's knight's third square, checking.

23. Queen to adverse king's bishop's third square, checking.

24. King's rook to adverse king's knight's second square, checking.

25. King's rook to adverse king's knight's third square, checking.

26. Queen to adverse king's bishop's second square, checking.

27. Queen to adverse king's bishop's square, checking.

28. Rook to adverse king's knight's second square, checking.

29. Queen to adverse king's bishop's third square, checking.

30. Queen to adverse king's knight's third square, checking.

31. Queen to adverse king's knight's fourth square, checking.

32. Queen to king's knight's fourth square, checking.

33. Queen to king's knight's third square, checking.

34. Queen to king's bishop's third square, checking.

35. King's rook to king's knight's second square, checking.

36. King's rook to king's second square, checking.

37. Queen to king's bishop's second square, checking.

38. Queen to king's rook's fourth square, checking.

39. Queen to king's rook's second square, checking.

40. King's rook to king's knight's second square, checking.

41. Queen to king's knight's third square, checking.

42. Queen to king's bishop's third square, checking.

Black.—King to adverse king's square.

43. Queen to king's bishop's second square, checking.

44. Queen to king's second square, checking.

45. King's rook to king's rook's second square.

46. Queen's bishop's pawn to queen's bishop's fourth square. checking.

47. Queen to queen's knight's second square, checking.

48. Queen to queen's bishop's second square, checking.

49. King's rook to king's second square, checking.

50. King's rook to king's third square, checking.

51. Queen to queen's square, checking.

52. Queen to king's second square, checking.

53. Queen to king's bishop's square, checking.

54. King's rook to king's second square, checking.

55. King's rook to king's knight's second square, checking.

Black.—King to adverse king's rook's fourth square.

56. Queen to king's bishop's fourth square, checking.

Black.—King to adverse king's rook's third square.

57. Queen to king's bishop's third square, checking.

58. Queen to king's knight's third square, checking.

59. Queen to king's knight's fourth square, checking.

60. Queen to adverse king's knight's fourth square, checking.

61. Queen to adverse king's knight's third square, checking.

62. Queen to adverse king's bishop's third square, checking.

63. King's rook to king's rook's second square, checking.

64. Queen to adverse king's knight's third square, checking.

65. King's rook to adverse king's rook's square, checking.

66. King's rook to adverse king's square, checking.

67. Queen to adverse king's third square, checking.

68. Queen's bishop's pawn one square.

69. Queen to adverse queen's second square, checking.

70. Queen's bishop's pawn one square.

71. Rook to adverse king's second square.

72. Knight to adverse queen's bishop's second square, checking.

Black.—King to queen's rook's fourth square.

73. Knight to adverse king's third square.

74. Knight to adverse queen's square.

75. Rook to adverse king's bishop's second square.

76. Knight to adverse queen's knight's second square.

77. Knight to adverse queen's bishop's fourth square, checking.

Black.—King to queen's rook's square.

78. Knight to adverse king's third square.

79. Queen to adverse queen's rook's second square.

80. Queen to adverse queen's rook's third square, checking.

81. Pawn one square, giving checkmate.

NOTICE TO CORRESPONDENTS.

If our valued Correspondent X. X. will send to the Publisher he will find a parcel directed for him. We are extremely sorry that the communication this week came too late for insertion. It will positively appear in our next.

Other Correspondents next week.

ERRATA.

Through inadvertency the following *Errata* crept into the Review of the *Transactions of the Associated Apothecaries*, in our last Number.

Page 267, line 32, *for* then bad it is, *read* then it is bad.
— 268, line 21, *for* attainment, *read* attainments.
— 269, line 15, *for* the classical, *read* classical.
— 269, line 34, *for* study, *read*, pursue the study of his profession.
— 269, line 43, *for* to our profession, *read* to one member of the profession.
— 270, line 27, *for* respect, *read* respecting.

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THE LANCET.

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SURGICAL LECTURES,

CONTINUED.

[*No Lecture on Monday.*]

Theatre, St. Thomas's Hospital,
Wednesday Evening,
Dec. 3d, 1823.

Lecture Fifteenth.

In the last Lecture we defined Gangrene as a partial death; we described to you the symptoms which attended it, when it was the result of high and active inflammation, and when it was the result of a low degree of heat. We described to you the sloughing process, and the manner in which the cellular tissue, the blood-vessels, the nerves, and even the bones, became subject to gangrene. We proceeded to state to you the kind of constitution which was most subject to gangrene, and the state of debility accompanied with irritability, which generally led to it. We stated that gangrene arose generally from inflammation, but that it sometimes arose from diseases, unaccompanied with inflammation, by which the circulation was considerably impeded; that in consequence of the coagulation of the blood in the blood-vessels under a state of gangrene, the circulation could never be restored, and that the coagulum not only extended through the dead vessels, but proceeded to a considerable extent into the living vessels, beyond the parts at which gangrene had commenced.

We shall now proceed to consider the treatment which is usually employed to prevent gangrene, and to arrest the sloughing process. We must endeavour to sooth the parts by the application of leeches, with a view of checking the excess of action. It generally happens, in cases of gangrene, that the body will not bear any considerable degree of depletion; but

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local depletion, by means of leeches, may be safely resorted to. Thus, in compound fracture of the leg, for instance, gangrene may be prevented by the application of the leeches, when it would not be equally safe to take blood from the arm. Soothing applications, such as poppy fomentations, and poppy poultices, should be employed to subdue the excessive action which threatens the destruction of the life of the part. It will be necessary, at the same time, to attend to the constitutional treatment of the patient. In this Metropolis it is seldom safe to take blood from the arm of patients to prevent gangrene. In the country a different practice may be pursued; and it will frequently be necessary to take away blood in erysipelas, and other cases, in which we cannot and dare not deplete in town, where the constitution of patients is broken by intemperance, or enfeebled by deteriotated air. When you take away blood, however, to prevent gangrene, do not take more than eight or ten ounces, lest the vigour of the circulation, and consequently the nervous powers of the constitution, should be too much diminished. Two or three grains of calomel should be given at night, with a view of restoring the defective secretions of the intestinal canal and the liver; and the liquor ammoniæ acetatis, with a few drops of the tincture of opium, should be given several times in the day. By the calomel you restore the secretions; and by the opium you tranquillize the system, and diminish the irritability which leads to the destruction of the life of the parts. Do not begin by stimulating the constitution too much in cases of gangrene. The effect of opium may, in some respects, be similar to that of taking a stimulus into the system, but it is by diminishing excessive action, at the same time that it increases the strength of the body, that opium becomes so valuable a medicine in these cases. The best means, therefore, of preventing gangrene, are to restore the secretions by calomel, and to diminish irritability by opium, and, in some cases, by taking away very small quantities of blood.

If the gangrene arises from the application of cold, the treatment must be different. In these cases the action of the parts is feeble from the diminution of nervous power, and it will be proper to restore it to a healthy state by stimulants of the most gentle kind. For this purpose the best application is the camphorated spirit of

wine, accompanied with gentle friction. If you are called to a patient whose feet are benumbed by the application of cold, you must sit by his bed-side, pour the camphorated spirit into your hand, and rub it on his feet with the utmost possible gentleness, so that the part may not be irritated by violent friction. When the first effects of cold are removed, it will be proper to apply poultices to the part. The poultices must be cold; for warm applications to the part are to be carefully avoided. One of the most valuable of our nobility died of gangrene from an imprudence in this respect. He was out shooting in December last, and his feet having become benumbed, he put them into warm water as soon as he returned home. The consequence was that his toe became gangrenous; the gangrene soon extended to the other foot, and he died from its effects. When parts are frost-bitten in colder climates, you are aware that the common practice is to restore the circulation by rubbing them with snow.

So much for the prevention of Gangrene.

But as soon as gangrene has commenced, it will be necessary to apply a gentle stimulus to the parts, with a view of supporting the action of the surrounding parts which are threatened with the destruction of life. The application which I have found to be most uniformly successful in such cases, is the poultice of stale beer grounds. The stale beer grounds, which may be obtained in any public house, should be mixed with linseed meal, and a poultice formed of them, which will produce a gentle and beneficial stimulus in the part, and prevent the gangrene from spreading to the surrounding skin. Spirituous fomentations are also of use for the same purpose. At the same time that this local treatment is employed, means must be taken to support the constitution, which is debilitated by excessive action. The best mode of supporting the constitution is by the exhibition of ammonia united with opium. From seven to ten grains of the carbonate of ammonia, with twenty drops or half a drachm of the tincture of opium, should be taken two or three times a day, or even more frequently, as once every four hours. This plan will generally prevent the extension of gangrene. Bark was formerly extolled, as possessing great virtue in cases of gangrene; but it is doubtful whether it does not do as much harm as good. For the

first two or three days the patient feels comfortable, and his health is improved by its exhibition; but after a short time his stomach becomes loaded and oppressed. It first makes him costive, and then purges; and after a little time we are obliged to suspend its use. I am much disposed to try in these cases the new form of this medicine, which agrees so well with the stomach; I allude to the sulphate of quinine. It is my intention to give it a full trial in the first case of gangrene which I meet with; and I recommend you to try it yourselves in the cases of gangrene which may come under your observation. An excellent medicine used in the other Hospital is, a bolus of five grains of the carbonate of ammonia with ten grains of musk, given every four hours. I have seen this medicine produce the best effects in sloughing sores in the foul wards, and in gangrenous sores, where the gangrene was much disposed to spread. The musk has the effect of keeping up the stimulus of the ammonia, which is apt to subside after a few days, when the ammonia is exhibited alone. A port wine poultice is an admirable application in these cases. I mentioned to you, a few days ago, the case of a girl in the other Hospital, who had a gangrenous sore in the pudendum, where a great variety of applications had been tried without any beneficial result. At last a port wine poultice was applied, and with such immediate good effects, that, though I had before despaired of her life, the last time I saw her the sore was brought into such a healthy state, that there are great hopes of her recovery. Applications of turpentine are often of use in these cases, for the purpose of stimulating the parts. After great want of circulation in any part, from the course of the blood having been arrested, sloughing sores are very apt to occur. Thus, after the operation of tying the femoral artery, if the limb be suffered to rest in the same position for a considerable time, a small gangrenous spot frequently appears. In such cases, the spirit of turpentine is the best application. Yeast is often applied with the same view. A lotion much used in the other Hospital for this purpose is the formula, which used to be called the epithema lithargyri acetatis; but now called the epithema plumbi superacetatis.

The following is the mode of preparing it:

℞ Confect. Ros. ℥j.
Mel. Rosæ
Tinct. Opii aa ℥jj. M.
Liq. Plumbi Super.

Two drachms of each of the last three articles, and an ounce of the first. This is an application that accords extremely well with limbs in a state of gangrene, when the dead are separating from the living parts; it is a very useful application then in gangrene. During the sloughing process, the nitric acid is the best application that can be used: when the gangrene stops, and the line of demarcation is drawn, and the sloughing process is commencing, the nitric acid may be employed in the proportion of fifty drops to a pint of water. I have seen very good effects from an application composed of vinegar and camphor mixture, about four ounces of the vinegar to twelve ounces of the camphor mixture; I have seen this of service when no other application had been used, as in the case of a gentleman at Peckham, that I attended with Mr. A. These are, then, Gentlemen, the different modes of treatment for the prevention of gangrene, and the arresting of the sloughing process.

On the propriety of AMPUTATION, and the cases in which it may be performed,

As to the propriety of amputation; there is no occasion in general for amputation in cases of gangrene when the sloughing process is going on, as you have an opportunity of seeing in the man at the other Hospital, where nature has performed the operation herself, without any assistance; if the surgeon will be content to wait a short time, and the patient is disposed also, you will find that the parts will separate as well without, as with an operation. Now the old, surgeons who observed nature well, adopted the very same plan in their amputations as nature pursues in these cases, when the skin separates the longest, the muscles next, and then the tendons, together with the bones, which are left considerably shorter than the rest, as you may observe from the specimen on the table; when bones ulcerate the tendon soon separates, and the bones become covered in by skin and muscle; the limb, however, before me, was amputated. The cases in which you are called on to perform the operation of amputation are when the patient will not be able to sustain the shock of injury; then, Gentlemen, if gangrene be going on in any part, or through the middle of the leg, by which the power of the constitution will be nearly de-

stroyed, you may have recourse to an operation; but even here there will not always be occasion for it. You have an opportunity of seeing in the other Hospital at present, in the case to which I have so often alluded; separation taking place above the centre of the leg; there is no necessity to amputate always under such circumstances, and you can give the patient a chance of his life, without resorting to it, if he dread the knife. I say, Gentlemen, never amputate till the sloughing process has commenced, and healthy granulations are to be seen on the sore; for if an operation be performed, the parts will assume exactly the same appearance after as before it. It is curious to see how the loss of a slight quantity of blood will destroy life in these cases. When I was a dresser at these Hospitals, during my apprenticeship, a case of sloughing opposite to the calf was brought in: Mr. Cline, my old master, on going round the wards, said to the dresser, that the projecting ends of the bone had better be removed: there were some granulations between the bones, which, in sawing them off, the dresser did not observe, and therefore cut through them; little hæmorrhage ensued, no ligature was applied; yet, on the same night, the patient died. There was a case under the care of Mr. Forster, in the other Hospital, on which he performed the operation of amputation; there was gangrene on one foot, a slight gangrene on the nose, and the other foot: the leg was amputated; but the infection spread in the nose and foot, which, before the operation, were slightly gangrenous. Then, Gentlemen, it is proper to consider that amputation should never be performed till the constitution be in a sound state, and healthy granulations have appeared.

But, with respect to gangrene, from defective action, or accident.

When called to a person labouring under gangrene, arising from accident or pressure on some important vessel, amputation may be performed without the least hesitation. A girl was brought to this Hospital who, in endeavouring to reach something from the chimney-piece, trod on the fender, which turned over on its edge, and she fell backwards; there was a compound dislocation of the elbow-joint, together with a wound of the brachial artery; this vessel was tied by the dresser, hæmorrhage was arrest-

ed, gangrene soon afterwards appeared in the finger, when nine days from the accident the operation of amputation was performed above the elbow-joint, and the patient did extremely well. A man was brought to Guy's from Woolwich with popliteal aneurism; the artery had acquired a great size; there was a gangrenous state of the limb below, so that it was thought there was no chance of saving his life by tying the artery, therefore amputation was performed; before the operation the pulse was from 120 to 130, in the evening after the removal of the limb, I sent Mr. Calloway, who was my apprentice at that time, to see how the patient was doing; he found that the pulse had fallen to 90; and no stump that ever came under my care turned out more favourably. Thus instead of increasing the irritability of the constitution, the source of irritation being removed, the health of the patient became improved.

Of Gangrene in old persons.—We often find old persons afflicted with gangrene, from very slight causes, and particularly those who are tall; the heart being naturally weakened by age, the circulation becomes extremely languid in the feet; hence mortification of the toes ensues. The appearances which the part assume are these: at first it is red and painful; the person thinking little of the matter, puts upon the affected part a piece of linen; in a few days the cuticle comes off, and there issues from the surface a sanious discharge: red streaks are now seen passing from different parts of the foot up the leg; and the glands in the groin often undergo considerable inflammation and enlargement; all the absorbent vessels of the foot becoming inflamed, produce universal redness of the diseased member. Soon after this the gangrene begins to extend, destroys the whole of the foot, and passes to the upper part of the leg, where it usually stops, as it seldom reaches the thigh: the constitution becomes considerably influenced; there is some degree of fever, and the cheeks are of a florid red colour. This gangrene will not commonly destroy life if attention be paid to the patient. It generally arises from ossification of the arteries, not of the large vessels, but of the small. These losing their elasticity, combined with a debilitated action of the heart, give rise to the disease of which I am now speaking. The earthy matter sometimes is deposited in great quantities in

large vessels, and here (*showing a preparation*) is an example, where the deposition of earthy substance has rendered the principal arteries of the leg, and even part of the femoral artery, impervious.

I recollect some time ago a very intelligent surgeon telling me, that he thought a certain nobleman, whom he was at that time attending, had ossification of the arteries of the leg, and that it would some day give rise to gangrene—of which gangrene his Lordship has since died.

Where ossification of the blood vessels exists, very slight causes will give rise to gangrene. A gentleman of the city, in cutting a toe nail, carried the knife too far and cut the quick, as it is termed; the wound soon became gangrenous and black, and in the sequel he died. I attended a gentleman, an old surgeon, who, for the purpose of getting rid of a bunnion, had (most foolishly) put a lancet into it: gangrene followed, and he died. I was lately sent for by Mr. Holt, surgeon, of Tottenham, to see a gentleman who, when cutting a corn, had carried the incision a little too far, so as to produce bleeding: gangrene here likewise took place. Old persons must, therefore, be cautious how they finger their toes—(*a laugh*)—for, life being almost out, very little will prove a complete extinguisher.

With regard to *treatment*, a poultice, composed of port wine and linseed meal will be found the best *local* application; and your *internal* remedy should consist of opium, combined with ammonia. You must not generally expect that these cases will recover. I have known, however, a single toe, a whole set, and even the entire foot to slough, and yet the patient do well. In these cases you must never amputate—whether there be healthy granulations or not, do not amputate: for as surely as you do, mortification of the stump will supervene.

The next subject of which I shall speak is

Carbuncle.

Of this I shall have but little to say, as many of the foregoing observations are equally applicable here.

When carbuncle is about to take place in any part, it is generally preceded by pain, and at first a swelling of considerable hardness; this is occasioned by the adhesive inflammation; the surface of the tumour then assumes a livid redness and a spongy

soft feel; little ulcers now form in the skin, which, from their number, give it a sieve-like appearance, so numerous are the orifices: from these a white discharge passes—this fluid resembles water and flour mixed together; and a man who has seen much of Carbuncle knows the nature of the disease instantly upon seeing the discharge. When the little openings are all formed into one the dead cellular membrane begins to escape, for it previously cannot do so from the smallness of the apertures. In gangrene of the extremities there is not this mechanical obstruction to the sloughing of the dead part. And though gangrene is generally difficult to cure, yet carbuncle usually does well, except when situated on the head or neck. Though persons will recover from carbuncles of an enormous size upon the back, yet very small ones on the head or neck will often destroy life; indeed I never saw a patient who recovered from carbuncle upon the head; in these cases there is effusion between the tunica arachnoides and pia mater. The inflammation which attends fistula in ano will sometimes destroy the cellular membrane of the neighbouring parts, thereby occasioning an enormous quantity of the nates to slough, and yet the patient shall do well.

The *peculiar treatment* of carbuncle consists in making upon the surface of the swelling, at an early period of the disease, a large crucial incision, for the purpose of affording the deadened parts an opportunity of escaping; then apply the port wine poultice, and give the patient such stimulants as will tend to increase the vigour of his constitution: and here we shall again find opium and ammonia our sheet anchors.

Of Erysipelas.—Inflammation of the skin is generally extensive. Why? In consequence of the surface being unbroken. Thus, when the pleura or peritoneum is attacked by inflammation, the whole of these membranes usually become affected by it; and also when erysipelatous inflammation invades the skin, it is not uncommon to see it run from one part to another till half the body is covered by it. Sometimes it is ushered in by fever and sometimes not. Certain constitutions are sooner affected by it than others, and often its effects appear to be entirely local. But unquestionably it affects the constitution more frequently than otherwise. Its characteristic appearances are, a florid skin, with vesicles contain-

ing a secretion of an amber colour under the raised cuticle. It is seldom that the skin suppurates in these cases; the cellular membrane, however, occasionally does. It is very common for erysipelatous inflammation to terminate in gangrene. You must not consider all cases of inflamed skin erysipelas. I have often seen cases treated as such, where it would have been right to deplete. The best characteristic sign is its vesicular appearance; and this constitutes a specific difference between it and common inflammation.

The head seems to be more commonly affected by it than any other part; it often succeeds the most trifling injury of the scalp; and, like carbuncle, when it occurs in this situation, generally destroys life. I had the misfortune to lose a lady of considerable consequence, from its effects, where it came on after the removal of a small encysted tumour from the forehead. It made its appearance three days after the operation, and all the exertions of Dr. Baillie and myself were unable to arrest its progress. Thus a trifling operation on the scalp destroyed life, in consequence of having been succeeded by erysipelatous inflammation.

After a person has once had this disease, he is very subject to it again. And some persons appear to be predisposed to its formation.

It generally makes its appearance in Spring and Autumn, but seldom in Winter, and not very often in Summer. Whatever renders the body irritable predisposes to erysipelas. In hospital practice, surgeons were formerly exceedingly afraid to operate in Autumn and Spring; for it has often happened that the stimulating effects of adhesive plaster have produced this disease, and which led to the death of the patient.

Treatment of Erysipelas.—In this town the full plan is pursued, and which *for London* undoubtedly is the best. You at first give calomel for the purpose of restoring the secretions of the liver and intestines; then allow a generous diet, and administer the ordinary tonics; or, from what I have witnessed, I would advise you to try the sulphate of quinine; it is a most powerful tonic, excites in the stomach a genial warmth, and often will remain in that organ when bark will not.

Dr. Marcet, now deceased, but late a physician of Guy's, endeavoured to ascertain whether the

antiphlogistic, or tonic, mode of treatment was best for this disease; therefore, he put two persons into adjoining beds having erysipelas; to one of whom were given tonics, and a generous diet; to the other, salines, and low diet, blood likewise was abstracted from the latter; they both recovered, the former rapidly, while the latter lingered in a debilitated state for a very considerable period. You will find where erysipelas attacks the lower orders of this town, who weaken their constitutions by the excessive use of ardent spirits, that gin may be sometimes advantageously employed as a remedy, at once being the evil and its cure;—the last two cases of this disease which I saw in the other Hospital, prove the truth of what I am now saying: a man had erysipelas dreadfully severe; his head swollen to an enormous size, and his recovery, by every person, thought impossible, it was discovered, one day, that his wife brought him some gin. He declared that he was better from having drunk it, was consequently permitted its continuance, and, to the astonishment of all, he rapidly got well.

Not six weeks after this, there was another man similarly circumstanced, brought into the same ward, and having from the result of the above case, formed a high opinion of gin; *(a laugh)* I directed the Sister to give it here also; and really this patient recovered as speedily as the former.

THE MEDICO-CHIRURGICAL QUARTERLY REVIEW, AND THE LANCET.

The Medico-Chirurgical Reviewers having offered a few words of advice to The Lancet, and having, moreover, condescended to express their willingness to take us under their protection, we shall quote their article, and proceed to address a few observations in our turn to our senior contemporaries.

"The Lancet, No. 6, for Sunday, November 9, 1823. pp. 36, price 6d.

"We hold it to be a breach of etiquette for one periodical publication to animadvert on the conduct of another, unless attacked or interfered with itself. We mean, of course, *medical* journals; for political publications use no ceremony with each other. In offering a word or two of advice to our young friend The Lancet, and through him to several other of our juvenile cotemporaries *(contemporaries)*, we trust they will not impute to us any unworthy motives, and that, on mature reflection, they will acknowledge

the propriety of the advice we give.

"We are convinced then, that no medical periodical publication can succeed, unless conducted on *unexceptionable* principles — we mean, such principles as cannot *reasonably* be objected to by the members of the profession. We think that the unauthorized publication of a man's lectures, as they are delivered from day to day, cannot be defended on principles of morality, equity, or medical ethics; and therefore we advise our junior cotemporaries not to take advantages of, or rely upon, a practice which can, at best, but afford a temporary interest. Secondly, we would dissuade them, if in our power, from mixing up politics, theatrical criticisms, and other heterogeneous matters, with medical science or literature. It is an unnatural union, which cannot long hold together, and has invariably failed hitherto, in every instance where it was attempted.

The above exceptions made, we wish every success to the Lancet, and all other candidates for public favour—nor will we ever refuse to give whatever publicity they require through the medium of this Journal." — *Medico-Chirurgical Review, Dec.* 1823.

The Reviewer makes frequent indirect appeals in this article to his age, and we must confess that he appears to have freely availed himself of the privileges of advanced years. We have great reverence for the age, we had almost said, the senility of the Reviewer, but we cannot compliment him on the clearness of his understanding. He sets out with declaring that he considers it "a breach of etiquette for one medical periodical publication to animadvert on the conduct of another, unless attacked or interfered with itself;" and how does he illustrate his own position? Why, by immediately making a gratuitous attack on the morality of The Lancet. We profess ourselves utterly unable to understand that part of the Reviewer's strictures, in which we are charged with immorality for the publication of sketches of the Lectures delivered at St. Thomas's Hospital. We are aware, indeed, that some men entertain very different notions of morality from others. Thus the once celebrated Beau Brommell held it to be positively immoral to drink porter with his cheese after dinner, port wine being in his opinion the only virtuous beverage on that occasion. We suspect, however, that as the Reviewer takes a distinction between morality in its ordinary sense, and what he terms 'medical ethics,' his notion of the guilt of this part of our publication depends upon a distinction, which is as unintelligible to us, as the charge of immorality which may have been founded upon it.

His opinion of the value

of the Lectures, from which THE LANCET derives so much of its interest, is as little entitled to a serious refutation as his attack on our morality. We have reason to know, that our sketches of Sir Astley Cooper's Lectures, though unauthorized, and though not given with greater accuracy than the equally unauthorized reports of Parliamentary speeches, have excited the greatest interest among those whose approbation we are much more solicitous of obtaining than that of the *Medico-Chirurgical Reviewers*; and that though they cannot exalt, they may have contributed to extend the reputation of the distinguished Professor who delivers them. With respect to the Reviewer's objection to the union of lighter articles with the subjects to which THE LANCET is chiefly devoted, we are disposed to agree with him in principle; but a variety of tastes must be consulted in a work like ours; and if his advice has been prompted solely by solicitude for our success, we can assure him, that, as far as extent of circulation may be taken as a criterion, THE LANCET could not have given greater satisfaction to its readers, if its pages had been as uniformly dull as those of the *Medico-Chirurgical Review*.

As to the readiness of the Reviewers to give us all the publicity we *require*, we can assure them, that if the amount of their concessions is to be proportioned to our demands upon their courtesy, they have little to apprehend from our importunities. We require no publicity through the medium of their Journal, beyond that which, in the discharge of their duty as faithful Medical Journalists, they must give to many of the subjects discussed in THE LANCET; and we doubt whether, with reference to the mere question of comparative circulation, the Medico-Chirurgical Review is in a condition to afford us any assistance.

WESTMINSTER MEDICAL SOCIETY.

Sketches of Medical Speakers.

DR. LEY.—We now enter upon the performance of a duty which we have imposed upon ourselves, and proceed to submit to our readers a few medical sketches—"trifles light as air," and very brief. Laborious argument agrees not with our temperament. Our limits equally forbid it. To many of our readers we shall present a

passing sketch of their old friends, perhaps even of themselves. We shall range with the utmost freedom from one person to another; for we admit not that critics are called upon to submit to the rules of ordinary individuals. We shall consult our sovereign will, and select the object of our strictures without any reference to their respective merits.

If, however, it had been our pleasure to bend to the yoke of common custom, and to allow ability to claim the "head and front" of our proceeding, still would Dr. Ley have maintained the place which capricious accident, or the critic's whim, has assigned him. Dr. Ley may fairly be considered one of the most pleasing, one of the most perspicuous medical speakers of this Metropolis. Neither is he deficient in solidity of argument. His language is carefully correct; and, perhaps, even sometimes conveys the idea of occupying a greater share of his attention, than the subject matter of his discourse.

No "*sesquipedalia verba*," no laboured figures of speech, so unbecoming the grave simplicity which should characterize a medical discussion, are ever obtruded upon the ear by Dr. Ley. One would almost imagine he had chosen a certain great lawyer for his model, as to the arrangement and delivery of his ideas; whilst he avoids the *certain* uncertainty of the legal speaker.

The subdued tone, the half whisper, in which Dr. Ley commences his discussion, is not natural to him. It is purely artificial. He prefers a gradual development of his oratorical powers. He knows that what is heard last generally leaves the strongest impression. His peroration generally consists of a few aphorisms—the substance of his previous discourse. He is always heard with pleasure, and generally with improvement. His "calling," we believe, is exclusively obstetrical. He is not afraid, however, to enter the lists of surgical disputation; but he has too much judgment, too much respect for himself, and for the Society he addresses, to rely upon an agreeable and even eloquent delivery. He never exposes himself to censure by the common folly of speaking upon a subject with which he is unacquainted. "*Commisisse cavet, quod mox mutare laboret.*"

As the president, Dr. Ley, in common indeed with others, evinces a want of firmness which is absolutely necessary to ensure a proper degree of respect for the chair.

The time occupied by the meetings of the Society is short; and if all discussions not strictly relevant to the subject under consideration, were, as they ought to be, repressed by the president, many who frequently plume themselves upon the *quantity* of sound they have emitted, would not unfrequently act the negative part of listeners, much to the advantage of the Society.

MR. READ'S INSTRUMENT.

A Correspondent of the *Courrier François*, after referring to the article which appeared in THE LANCET, of November 23d, observes, "That the Instrument for pumping poison from the stomach, examined by Sir Astley Cooper, is not new in France. It was pointed out, he says, by a Professor of the School of Medicine at Paris, in 1809, and is described in the *Bulletin de Pharmacie.*" We shall return to this subject next week.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Elephantiasis.

Dec. 5. Maria B. aged 43, married, and mother of two children, was admitted into Dorcas's Ward, Nov. 26, with swelling of the right leg. Says that several years ago she had a large sore on the front of the right leg, which remained open for six months, and then healed up; the leg continued quite sound till four years ago, when it became inflamed, and two or three abscesses formed on it, which were obliged to be opened; a good deal of pus was discharged, and they soon got well; immediately after this, the skin all over the leg became slightly red, a thin humour began to ooze out, and a dry white scurf formed in several parts of the limb, which used to fall off, and leave the cutis inflamed; the places were, however, very speedily covered by fresh incrustations. Swelling of the leg now commenced, and has been gradually increasing ever since. In the early part of the complaint, the patient was seized with rigors once or twice a week, and these were succeeded by great heats all over the body, together with small red spots on the limb affected, which continued in that state for two or three days, then turned purple, and disappeared; afterwards the rigors came on only once a month, or even less frequently, till within six months ago, since which they have never returned, and her general health has been much improved; invariably after the rigors, those spots appeared on the leg and sometimes even on the thigh.

In the habit of going out in service, and working very hard; she only left her place about three weeks ago. Rather stout, of a strong constitution, sharp features, countenance slightly flushed, lies or sits on the bed during the

whole of the day, as she finds her self much better when she keeps quiet. Eyes rather prominent, and she states that during these few days her sight has not been so good as before; in other respect they are natural. Tongue moist, and slightly furred; Appetite good; not thirsty; Bowels kept regular by the house medicine (sulphate of magnesia and infusion of senna); urine natural at present, and has been so during the last fortnight, but for three or four months before this she voided very little, no more than half a pint in the 24 hours, which was very turbid. Menses have always been regular; pulse small, 72; respiration natural; heart's action corresponding in number to the pulse at the wrist, but not in force, being much stronger in proportion than it. She has had a palpitation of the heart occasionally of late, also a choaking sensation in the throat at times, which she attributes coming on at first to a cold. External jugulars not dilated; no cough; sleeps well; is allowed to take about 4oz. of animal food a day.

State of the limb affected:—There is very little feeling in any part of the leg, particularly at the middle and outer part, which is also very hard, slightly red, and has a little scurf on it; both the upper and lower parts of the leg, externally, are of a pale white appearance, with very few scales on them; but the whole of the back and inside of the leg are covered with a dry scurf, of a whitish colour, which comes off after a time, and is soon replaced by fresh. There is a clear discharge, like water, from several places in the leg. The thigh is also swollen, but not so much in proportion as the leg; there is a very large scab on the back part, covered with scurf like that on the leg.

Size of the right leg:—Circumference of the middle, 20; of the upper part, 19; and of the lower, 15 inches.

Dimensions of the sound leg:—Circumference of the middle, 15; upper part, 14; and lower part, 10.

Soap plaster and bandaging are the applications used to the limb; and the house mixture, occasionally, is the only medicine that has been yet ordered.

Sloughing of the Pudendum.

Dec. 5th. Sarah B., aged 15, was admitted into Patience Ward, Sept. 17th 1823, with chancres and gonorrhœa. Says that six months before her admission she had a very large sore on the back part of the right foot, which gave her considerable pain, and discharged considerably. This was healed up in about two month's time, by means of poultices and rest; and she remained quite well till September, when she was attacked with syphilis, a complaint which her vocation particularly exposed her to: for this she came to Guy's. At the time of her admission there was a small sloughing sore, having the appearance of a chancre, on the left side of the pudendum; and which had existed for ten days. She was ordered to undergo a course of mercury; but was only able to rub in twice or three times, as the sore on the pudendum became much worse. After the em-

ployment of mercury was omitted, she took bark and opium in large quantities, and had a variety of remedies, such as linseed-meal and bread and water poultices, nitric acid wash, turpentine, stale beer grounds, applied to the wound; all of which agreed with it but for a short time, as they exerted no influence on the wound after they had been used a week.

On the 29th of Oct. she was removed from Patience (which is the ward for the female venereal patients) to a clean ward (Lydia), where she is at present. Soon after this, port wine was ordered to be applied to the wound, from which she has derived considerable benefit; her general health is also better now than it has been for some time past. Appetite pretty good; tongue slightly furred; not thirsty; bowels regular; countenance flushed; pulse quick and small, 150; sleeps well; pain in the forehead; pupils dilated; jumps and starts a good deal in her sleep, and has a bad taste in her mouth in the morning; abdomen free from pain on pressure, excepting just above the pubis; feels a great itching in the pudendum, and has also a considerable pain in the back part of the head near the tuberosity of the occiput, particularly on pressure; is feverish towards night, and perspires a good deal.

Wound.—A little to the left of the pudendum is a large sore, quite red on its surface, depressed in the centre; the extreme edge white, for two-thirds of an inch round it is black. Lint dipped in port wine is applied to the part, and over this is placed a linseed meal poultice. The application is renewed every four hours.

She is taking the decoction, together with the tincture of bark, and subcarbonate of ammonia; she also takes a grain of opium at bed-time.

Four ounces of meat, and six ounces of port wine a day.

This is the case referred to by Sir Astley Cooper, at page 293 of The Lancet.

Operations.

Dec. 1st. A man was brought into the theatre, at half past twelve, to undergo the operation of lithotomy; but after being on the table for three quarters of an hour, five or six unsuccessful attempts to introduce the gorget into the bladder having been made, he was carried back to the ward without receiving much assistance from chirurgical skill, as no stone was extracted. He is at present (Dec. 6th,) extremely low.

This patient was operated on for stone at St. Bartholomew's Hospital four years ago, but a full hour elapsed before the stone was removed. The operator, on that occasion, was Mr. Vincent, and on the present, Mr. Lucas.

Dec. 3. A man with extravasation of urine into the scrotum, and cellular membrane of the penis, was operated on by Mr. Lucas. An incision was made in perineo, and a female catheter introduced through the opening into the bladder. This patient is going on very well.

Dec. 5. A small fungoid tumour was removed from the breast of a young female, by Sir A Cooper; previous however

to the operation, it was punctured with a lancet, in order to see whether it was in a state of suppuration.

The cases mentioned last week, are going on very well.

A case of fractured clavicle, and leg, are the only accidents of importance that have been admitted this week.

ST. THOMAS'S HOSPITAL.

Amputation case continued.

Saturday, Nov. 29th. Passed a restless night; was delirious at times; countenance sallow; respiration 30; pulse 126; hiccough; bowels open twice in the night; pain in epigastrio on pressure; tongue dry and brown; thirsty, has been very sick since yesterday, and vomited a good deal; stump pretty easy; outer part of the left thigh of a brownish hue; it became yesterday evening first red, then black, and afterwards of its present colour.

The following medicine was ordered for him yesterday afternoon:—

℞ Decoct. Cinchonæ ℥jss.
Tinct. ejusdem ʒj.
—— Opii m. v. M.
Fiat haustus ter die sumendus.

To day this was countermanded, and the patient was directed to have the following medicine given him every four hours:—

℞ Mist. Camp. ℥j.
Spirit. Æther. Nitr. ʒj. M.

A small quantity of castor, mixed up in a bolus, every four hours, was also prescribed. Pint of porter daily. Wine to be continued.

30th. Very restless in the middle of the night; has been dozing a good deal since; lies in that state with the eyes and mouth half open; countenance of a death-like appearance (facies hypocratica); pulse 120, rather full,—heart's action corresponding to the pulse; respiration sonorous, 42; hiccough still continues; bowels not open since the night before last; very thirsty; abdomen a little swollen, but not hard; not able to ask him any questions as he is asleep.

All the dressings were removed from the stump yesterday afternoon, the limb was well washed, two or three strips only of adhesive plaster were applied; to day the brownish appearance from the outside of the thigh is gone, but the stump is rather black, it feels easy; ordered to be kept constantly wet, with the spirit-wash, warmed.

℞ Continuentur medicamenta, cerevisia et vinum.

At four in the afternoon his pulse began to fall, and at half past six p. m., he died.

Inspectio cadaveris.

The body was examined seventeen hours after death, by Mr. Babington, dresser to Mr. Travers, in the presence of two or three pupils.

The examination was made with such secrecy, that we were not able to be present; but from examining the body afterwards, we observed the following appearances:

External appearances.—Countenance sallow; back part of the right hand quite black; veins on the front of the abdomen very distinct, particularly on the left side, and of a blueish appearance; the cuticle removed for three or four inches in the neighbourhood of the stump, which was of a purplish hue.

Chest.—Effusion of a little more than half a pint of dark-coloured fluid into the right side of the chest; the lungs of this side were of a light grey marble colour anteriorly and externally, although when they were cut into, they were found to be red; posteriorly and laterally, of a livid appearance, and when divided a considerable quantity of red frothy mucus came out; the right pleura costalis was red, but it did not adhere to the lungs—the lungs on the left side were more vascular anteriorly than those of the right: in the other parts they presented nearly the same appearances. There were two or three slight adhesions of the left pleura costalis to the pleura pulmonalis. Six ounces of dark-coloured fluid were effused into this side of the chest: in one word, the lungs were vascular throughout; but on the back part and sides they were gorged with blood, or bloody mucus. The bronchiæ contained some mucus: we believe that they were nearly full. The heart was very large, and more vascular than natural. The aorta and pulmonary arteries contained coagulated blood, or, at least, its fibrine part. The right auricle and venæ cavæ were filled with dark-coloured uncoagulated blood. The bronchial glands were considerably enlarged.

Abdomen.—Liver was very large and hard, of a yellowish appearance, both externally and internally: the gall-bladder contained a slight quantity of yellow bile. There were some livid spots on the outside of the stomach in

several places: its internal membrane was intensely inflamed. The kidneys were more vascular than natural, particularly the right. Bladder contained some urine, and was quite healthy.

The intestines presented no marks of inflammation.

The lower part of the aorta and vena cava, together with the iliac vessels, exhibited, on their inner surface, a different appearance from what is found in the healthy state; the arteries were slightly red, internally, the veins livid; the nerves were healthy.

We were informed that there was a large quantity of matter formed near the stump; this, however, had been let out before we saw the body; there were evident marks of intense inflammation. The brain and spinal cord were not examined.

Before the accident, for nearly a twelve-month, he had been subject to a troublesome cough, and vomiting of blood.—A Coroner's inquest was held on the body, and the verdict returned was, Accidental Death.

Dec. 5. No operations have been performed here this week. The man from whom the stone was removed last week, had a slight hæmorrhage the same evening; but with this exception, he has had no unfavourable symptoms, and is at present rapidly recovering.

No accidents of importance have been brought to this hospital during the week, excepting a case of dislocation of the humerus in the axilla; which was speedily reduced by the dresser Mr. Thomas.

MIDDLESEX HOSPITAL.

[*Want of space prevented the insertion of this case at an earlier period.*]

Oct. 29th. E. J. aged 33.—This man was brought into the Hospital suffering from retention of urine. It was immediately proposed to pass a catheter into the bladder, upon which he vehemently declared that it was not possible. When the necessity of this measure was pressed upon him, he entreated to have the smallest size bougie passed, as as he had himself in vain attempted to introduce a wire. On examination it was found that a great part of the urethra had been destroyed by ulceration, which had extended down between the prepuce and body of the penis. Just behind the glands, the urethra opened by a very small orifice,

surrounded with so hard a substance that the point of the smallest bougie could with difficulty be introduced. A very small bougie was, however, passed into the bladder, and afterwards the smallest elastic *gum* catheter that could be procured was introduced, but very little water was found in the bladder. Leeches and fomentation to the pubes were ordered, aud an opiate clyster to be administered; a cordial mixture was given. He died, however, the next day.

Dissection.—The bladder was found contracted to the form and size of an egg—its substance much thickened and firm. The internal coat was universally inflamed. Each fold was surrounded by a black streak, resembling black extravasated blood; a blush of redness extended generally over the surface. The dissection could not with convenience be further prosecuted; but in these appearances we have sufficient proof that the increased excitement and contraction of the bladder had produced the irritation and fever which destroyed him. The urethra exhibited the appearances of former inflammation; it was much contracted and indurated, and hard lines like cords were found running longitudinally;—There was a second structure and the commencement of a false passage there.

C., aged 20.

This man was brought here last week, from Hendon, with a compound fracture of the left arm, occasioned by the wheel of a cart having passed over it. The superior portion of the fractured bone protruded through the integuments, a little below the insertion of the deltoid, near the belly of the biceps muscle. The external condyle was likewise fractured; but there was not so much laceration of the integuments, externally, as might have been anticipated. The patient was placed in bed, and the protruding portion of bone replaced; the limb was afterwards tightly enveloped in a roller, and laid in an easy position on a pillow; the bandages to be kept wet with a lotion of acetate of ammonia, and water, made by mixing two parts of the latter with one of the former. A dose of infus. sennæ, ℥iss., and sulphate of magnesia, ℥ss., was given him. On the 30th, the arm was considerably inflamed and swollen, upon which the bandages were removed, and the limb again placed on a pillow, as before. A cooling lotion of acetated ammonia, rectified spirits of wine and water, was ordered to

be kept continually applied to the arm, by means of pledgets wetted with it. A powder, of calomel, jalap, and ginger was given him, and a draught of acetated ammonia, ℥ss., camphor mixture, ℥iss. was ordered three times a day.

Dec. 1. Very restless all night; complains of great pain in the wound, extending upwards and downwards, but mostly in the former direction, towards the axilla; pulse 72, rather full; tongue a little furred. The wound has assumed the appearance of incipient gangrene; its edges appearing of a dark red, or livid hue; in consequence of which, the fomenting poultice was applied; but being found too irritating, an emolient poultice, frequently renewed, was substituted. He was ordered the following medicines:

℞. Tinct. Cinchonæ, ʒii.
Liq. Ammon. Acet. ʒiii.
Decoct. Cinchon. ℥viii.

Fiat haustus sextis horis sumendus.

℞. Pulv. Antimonialis gr ii.
Hydrarg. Submur. gr i.
Pulv. Opii, gr i.

Fiat pilula omni nocte sumenda.

2. Passed a tolerable night; tongue cleaner; pulse 75, and fuller; pain in the wound diminished; inflammation of the arm reduced; poultices, lotion, and medicines to be continued.

3. Much the same as yesterday; pain and swelling somewhat mitigated. The same treatment continued.

Dec. 3d.—J. J. aged 34, was brought here this day in consequence of a considerable hæmorrhage from the vagina and uterus. It appears, from her own account, that she was standing on a chair for the purpose of hanging up some linen to be dried; that the chair fell from under her, and that one of its legs entered the vagina. Several pints of blood, it is said, were lost before she was sent here; and it must be confessed her clothes bore evident marks of the truth of the statement; yet she was in no degree faint, nor did the pulse indicate any such a loss. It was about 65, tolerably full, and quite regular. The perinæum was not ruptured, nor was there any appearance, either externally or internally, within the reach of the finger, to account for the sudden loss of so much blood. The hæmorrhage stopped entirely soon after her admission into the hospital. The only means employed were the application of pledgets, dipped in cold water, to the parts externally,

and occasionally injecting a small quantity into the vagina. In the evening she complained of great pain about the umbilicus. A purgative draught was ordered her.

Dec. 4th.—Has slept tolerably well; pulse 60, and not so full: the labia and neighbouring parts swollen and inflamed; uses a lotion of vinegar and water, which is frequently applied; says she has been three months pregnant; there are no very unfavourable symptoms at present.

Dec. 4. Mary S., aged 62, was brought here on Monday night from Bow-street, where she had been thrown down and trampled upon by the crowd, assembled to witness his Majesty's visit to Drury Lane Theatre. Both the tibia and fibula of the right leg were fractured, and there was some laceration of the integuments, but neither bone protruded. The many-tailed bandage was applied; the limb laid in splints, and wetted with the lotion of acetated ammonia; the state of her bowels was likewise attended to; she appears to be very comfortable, and no bad symptoms have appeared up to the present time (Dec. 5).

A man was brought in with a division of the arteries, forming both the superficial and deep seated palmar arch, together with the meacarpal bone of the last finger. A very alarming hæmorrhage followed, which, by the time he arrived at the Hospital, had produced syncope; upon which the hæmorrhage ceased. As no bleeding vessel could now be discovered, the edges of the wound were brought together by adhesive straps, and secured by accuprets and roller; and a lotion of the acetated ammonia was ordered to be applied. The bleeding has not returned, and the man is doing well.

There have also been a few bruises, and other accidents of minor importance, admitted. No operations have been performed this week.

[*The case of Affection of the Nervous System to be continued in our next.*]

Various Games adapted for the Members of the Medical Profession.

To the Editor of The Lancet.

Mr. Editor,—I admire the discretion which has induced you to introduce into your well conducted publication, lessons in chess for the purpose of insinuating under the guise of that game the maxims of the therapeutic art—

- - - "ut pueris olim dant crustula blandi
Doctores elementa veliut ut discere prima."

It is well known that Podalirius and Machaon played at chess at the siege of Troy with Palamedes the inventor of it. I have to suggest, however, that you should not confine yourself to chess alone, especially as it is a game of skill merely, but should extend your amusing and useful labours to other games, which bear a stricter analogy to the *Ars Medica.*

I need hardly mention *Draughts* for their extensive utility, they are certainly among the *prima elementa* of the general practitioner.

Push-pin manifestly tends to increase the *tactus eruditus.*

Dominos inculcate the necessity of the juxta-position of similar parts, and give warning of the evil consequences of a solution of continuity. They form an evidently sanative game.

Nine-pins and *bowls*, from their very forms, like two ounce phials and pills, are evidently intended to do honour to medicine.

The various games of *cards*, however, seem particularly designed for the use of medical practitioners, and may be called the microcosm of medicine. In *Whist* there is the necessity of *cutting*, which involves much chirurgical knowledge; and *shuffling*, which is useful in all branches of the profession. The good player will rely more on *tricks* than on *honours.* The propriety of never omitting to call, is inculcated on the physician, while the maxim of returning your partner's lead, adumbrates that good understanding between *Doctor* and *Apothecary*, which may be termed the *Holy Alliance of London practice.* Some practitioners have played well at *matrimony. Pope Joan* conveys a curious historical fact, and may thus increase the general knowledge of the student.

There is a game mentioned by Doctor Rabelais, under the name of *Flux*, which I am ignorant of; but I doubt not, if it were investigated by your learned collaborators, it would throw light on the nature of cathartics. The same astute physician mentions the game of *Pille;* but the word, with him, (in French) is not taken in the sense of *pilula*, but is the imperative of *piller*, to *rob*, *strip*, or *pillage.* In English, it might be called *bill*, and refers to the mode of making a *charge.*

Blind Hookey, the cœca rapacitas of the Latins, is a game venerable for its antiquity, and truly medical.

Put the fool to bed, is a game little used; but it conveys an use-

ful instruction as to the mode of dealing with a patient. *Sed quid plura* de hoc joco addam ?

H. U. M. D.

Kalendis Decembris.

COMPOSITIONS OF QUACK MEDICINES.

Jesuit's Drops.—Gum guaicum, one pound; Peruvian balsam, three drachms; rectified spirits of wine, two pounds and a half.

Radcliff's Purging Elixir.—Tincture of aloes, two pints; tincture of jalap, tincture of gentian, of each eight ounces; proof spirit, two pints; scammony, jalap, and senna, in powder, of each four drachms.

Ward's White Drops.—Quicksilver, four ounces; spirits of nitre, one pound; dissolve; add prepared ammonia, seven ounces; evaporate and crystallize; then dissolve each pound of salt in three pints and a half of rose water.

Gowland's Lotion.—Bitter almonds, one ounce; sugar, two ounces; distilled water, two pounds; grind together, strain, and add corrosive sublimate, two scruples; previously ground with rectified spirits of wine.

Jackson's Itch Ointment.—Hog's-lard, palm oil, sulphur vivum, white hellebore powder, of each an equal quantity.

Oxley's concentrated Essence of Jamaica Ginger.—Ginger, one ounce; rectified spirits of wine, one pound.

Godfrey's Cordial.—Venice treacle, ginger, of each two ounces; rectified spirits of wine, three pints; oil of sassafras, six drachms; water, three gallons; treacle, fourteen pounds; tincture of opium, four pints.

ON BATHING.

No. 2.

"The first effects of a cold bath," says a modern writer, "are well known. The whole body is contracted; the bulbs of the hair are conspicuous; and the skin, resembling that of a newly-plucked goose, has been styled *cutis anserina*. The debility and tremor are considerable; a sense of weight is felt in the head; the respiration is quick and laborious. These symptoms are followed by a very different series: a glow soon returns to the surface; the weight in the head is almost instantaneously relieved, and every function appears to be carried on with in-

creased activity. If a person stays longer in the cold bath, the glow will be slighter, and soon disappear; while every previous symptom of debility will return and continue. If the immersions are at due intervals repeated, and the stay in the bath be not improperly continued, the general health and spirits are greatly improved, the different necessary evacuations properly carried on and supported; and the body and mind appear to act with increased vigour."

The explanation which has been given of these "first effects" is, that the cold represses the circulation in the extreme vessels, and the fluids are consequently accumulated in the larger arteries and veins; that the operation, however, is partly mechanical, and dependant upon the different density and pressure of the new medium of immersion, is proved by the fact, that the application, however sudden and complete, of the same volume of air, of like temperature, would not be attended with precisely similar effects; as well as by the circumstance of plunging into water producing, in a degree, the effects in question, although its temperature may not be lower than that of the surrounding atmosphere.

On what the reaction depends, there has been much ridiculous controversy, hinging a great deal upon mere verbal differences; and, after all, we can do no more than refer it to a law of the animal economy, by which increased action follows temporary suspension. "To the frequent exertions of this reacting power," says the author from whom we have made the above extract, "I am inclined to attribute the tonic effects which cold bathing produces. I have often remarked, that the constitution gains energy by the exertions of those powers, which preserve life and correct deviations; and I think the benefit obtained by the practice in question, is a proof of that position."

The states, then, of the body, in which cold immersion is likely to prove beneficial, are those in which there is a general torpor of the nervous system, which is neither so confirmed in its nature, nor so severe in its extent, as to prevent reaction from being fully effected after the primary shock; this torpor not being connected with such partial congestions as shall interfere with the uniformity of the reacting process. In almost all the *neuroses*, and in several of the *cachexiæ*, of Dr. Cullen's arrangement of diseases, cold bathing may be occasionally had recourse to

with propriety and effect; such as palsy, indigestion, hypochondriasis, chlorosis, convulsions, St. Vitus' dance, hysteria, melancholia, mania, atrophy, rickets, scrofula, &c.; always, however, under the recollections of the above restricting circumstances, viz. of too much weakness for full and steady reaction, and of attendant internal affections. In the *pyrexia* of the same author, (which comprises actual inflammations of organs,) cold immersion is for the most part more objectionable; with the exception of its application to febrile states, for the purpose already alluded to, of reducing temperature and stimulating to new actions.

When inflammatory affections are present in the pulmonary organs, or even when irritation exists in the lungs to a degree that may be under the grade of actual or active inflammation, cold bathing should be especially shunned, as likely to prove, if we may so say, specifically detrimental; and we feel disposed to insist particularly on this point, inasmuch as material injury has been done by an injudicious recourse to the cold bath for the purpose of counteracting prevailing debility; while something of a local kind, of far more moment than mere weakness, is preying upon the vitals, to which the measure in question is calculated to produce an irreparable injury. The promising son of the celebrated author of the *Minstrel*, was said to have been injured by the supposed salubrious practices of bathing and swimming; and the following narration, given on the authority of the late Dr. Pultney, of Blandford, is one among many that might be cited with the same bearing. "T. C. was ricketty in his infancy, and very weakly for several years after. In the winter of 1759, he had pleuritic symptoms; a rheumatic fever left him next summer afflicted with chronic rheumatism; he was advised to go into the cold bath; he did so; but on coming out again felt such an increased load, fainting, and anxiety about the præcordia, that he thought he should hardly recover the shock it gave him. Nevertheless, he ventured in again a day or two after, but experienced the former symptoms in an aggravated degree; and from this time dated the disorder which terminated his life."

As much solicitude is often manifested by mothers, respecting the question of cold bathing, in reference to their offspring, we think it proper not to conclude this division of the subject, with-

out introducing a remark or two on this head; and we cannot state our opinion more explicitly or concisely than we find it already done, in the following transcript from a modern writer: (Reid, *on Consumption.*)

"Two infants may be supposed of one family, with reverse constitutions. In the one a general torpor, debility, and great susceptibility to cold shall prevail; in the other, comparative vigor, activity, and warmth. To pursue without discrimination the same course with respect to immersion in water with each of these infants, would obviously be improper. That degree of cold which would refresh and invigorate the one, would confirm debility and augment torpor in the other. A bath which is not cold to the sensations, must in the first instance, at least, be resorted to for the weaker infant; and in neither case should immersion in cold water be practised, when the external temperature of the body is inferior in degree to its general standard; when, after immersion, the body appears to be chilled, or when returning heat is attended with febrile langor, instead of the grateful, genial warmth, characteristic of the appropriate action of exciting powers. If the practice of immersion be guided by a cautious observance of these particulars, it may be pursued with safety, and will be attended with success; but a total neglect of bathing is greatly preferable to the severe and incautious manner in which infants are frequently exposed to these violent and rapid changes of temperature."

The following may be taken as general rules for the employment of cold bathing by the adult, when the measure shall be judged expedient: 1st. Every cold bath applied to the whole body ought to be of short duration. 2d. The head ought to be the first part to receive the shock. 3d. Immersion ought to be sudden. 4th. Gentle exercise ought to precede the immersion, upon the principles to which we shall advert in one of our subsequent numbers. 5th. The morning or forenoon are the best times for visiting the bath; in some cases it will be better to take breakfast an hour before the immersion, than to go in fasting. 6th. Weakly individuals should only give *one* plunge, and come out the water *immediately*; and even the strong ought neither to remain long in the bath, nor to be inactive while in the water. 7th. After immersion, a free and gentle friction ought to be em-

ployed for some time, over the whole surface of the body with a rough cloth, together with moderate exercise in the open air.

Shower Bath. — Affusion, or pouring water over the head and different parts of the body's surface, was a mode of bathing employed in the earliest periods: but the shower bath, in which the water is made to fall through numerous apertures, is a modern invention. This plan of applying cold water is often more practicable and more applicable than the mode of bathing by a plunge. No house indeed ought to be without a shower bath. Beside the advantages which shower bathing possesses in common with immersion, it has some, as just intimated, peculiar to itself. It is frequently very efficacious in counteracting constitutional tendencies to those kinds of headaches, which are at once occasioned by nervous weakness and vascular fulness. It may be used with caution for the purpose of preventing the recurrence of apoplectic seizures: it constitutes a good part of regimen for gouty habits, and is in fine an excellent expedient, even in health, for ensuring pleasureable sensations, and freedom from the adverse influence of cold.

Air Bath.—Attention to this mode of reducing the temperature of the body for a time, and procuring a healthy reaction, in place of febrile irritation, has been excited by the statements of the celebrated Franklin. It merely consists in jumping out of bed in a state of nudity, and after remaining a little while in the cold apartment, either returning to the bed or putting on the clothes. This species of *bath* may occasionally be resorted to with beneficial effect; and spunging the body all over with cold water, upon first rising in the morning, (afterwards rubbing the surface with a coarse towel) is found by many individuals a very salutary practice.

J. W.

CHESS PROBLEMS.

No. 5.

In the first of the following positions, the player of the black moved his rook to the knight's square with a view of parrying the mate, which would be threatened on the white moving his rook to king's rook's third square. The white then forced the mate in four moves. This problem will be easily solved; it is however instructive, as similar situations will be found frequently to occur, and the advantage of position in such cases might easily be lost by overlooking the decisive stroke which forces the mate. The gentleman who conducted the white was one of the most eminent players in this country, and the player of the black was a nobleman, who possesses considerable skill in the game. It will be observed that the black's pieces are well arranged for attack, but the doubled pawn on his king's bishop's file is a weak point in his game, of which the player of the white availed himself; and it was in contemplation of a series of moves which brought the pieces into the position given in this problem, that several of the preceding moves of the white were made. The next position was played in a most masterly style by the white. There is a *coup de repos* in the series of moves by which the mate is effected, which we have no hesitation in pronouncing to be the most beautiful we have ever met with. None but a player of consummate skill could have seen the six consecutive moves by which the mate was forced, and we shall congratulate any amateur who may discover them, even with the knowledge that there is a *coup de repos* in the series, which is a very considerable *datum* towards the solution of the problem. The next position was arranged by Signor Pietro Petronio, an Italian player of some reputation. It is very similar to Marshal Saxe's problem, and the student who has observed the manner in which the mate was effected in that position, will solve this problem without much difficulty.

Problem XIII.

The black having played his king's rook to the king's knight's square, the white is required to give checkmate in four moves.

Position of the Pieces.

WHITE.

King at his knight's square.

Queen at adverse king's rook's fourth square.

King's rook at king's knight's third square.

Queen's rook at queen's square.

Bishop at queen's second square.

Pawns at king's rook's, king's

knight's, queen's rook's, and queen's knight's squares, and at the queen's bishop's third, and adverse king's bishop's fourth squares.

BLACK.

King at his rook's square.

Queen at her king's fourth square.

King's rook at king's bishop's square.

Queen's rook at its square.

King's bishop at queen's square.

Queen's bishop at its third square.

Pawns at king's rook's, king's bishop's, queen's rook's, and queen's knight's squares, and at the king's bishop's third, and queen's bishop's fourth square.

XIV.

White to give checkmate in six moves.

Position of the Pieces.

WHITE.

King at his knight's square.

Queen at the king's bishop's third square.

Rook at the king's bishop's square.

Rook at adverse king's fourth square.

Queen's bishop at its square.

Pawn at king's knight's fourth square.

BLACK.

King at his rook's square.

Queen at her third square.

Rook at queen's rook's fourth square.

Bishop at king's knight's third square.

Knight at queen's knight's fourth square.

Pawns at king's rook's square, queen's fourth square, and adverse queen's rook's third square.

XV.

White to give checkmate with the pawn in fourteen moves, without taking any of the adversary's pawns.

Position of the Pieces.

WHITE.

King at the adverse queen's bishop's square.

Queen at her bishop's third square.

King's rook at its fourth square.

Queen's rook at its third square.

King's bishop at the king's rook's third square.

Queen's bishop at the king's rook's second square.

King's knight at the king's square.

Queen's knight at the queen's square.

Queen's knight's pawn at its square.

BLACK.

King at the queen's rook's square.

Pawns at the queen's rook's second, queen's rook's third, queen's rook's fourth, and adverse queen's rook's fourth squares; and at the queen's bishop's second, queen's bishop's third, queen's bishop's fourth, and adverse queen's bishop's fourth squares.

NOTICE TO CORRESPONDENTS.

E. L. Z. is under consideration.

The request of J. W. *was* and *will be* complied with.

Our incisions would be but of little use in the affair alluded to by CHIRURGUS.

The letter of Medicus is "pointed," but unfortunately the point is much too long.

The suggestion of our friend at Bury St. Edmunds, will be adopted the first opportunity.

We agree with Monsieur l'Ennui in his observations, and shall soon have occasion to discuss the subject he mentions.

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SURGICAL LECTURES,

CONTINUED.

Theatre, St. Thomas's Hospital,
Monday Evening,
Dec. 8th, 1823.

Lecture Sixteenth.

Injuries of the Brain.

Before I proceed to mention these, I will give you a brief account of the nervous system; a correct knowledge of which, however, can only be acquired by assiduity in the dissecting-room. The nervous system is composed of the following parts, viz. brain (which is divided into cerebrum, cerebellum, and medulla oblongata), medulla spinalis, and two sets of nerves — one set issuing from the brain, and the other from the medulla spinalis. Besides these, there is also the grand sympathetic nerve, which may be said to form a complete system in itself.

The nerves are freely distributed to every part of the human frame, and are the means by which all voluntary and involuntary motions are maintained. It is impossible that a mere description of the nervous system, in this place, however minute it might be, could make you sufficiently acquainted with its anatomy; for this can only be obtained by the most careful and attentive examination of the dead body. It is necessary, however, for you, at this moment, to bear in mind, that an immediate communication exists between the stomach and brain, by means of the eighth pair of nerves, or par vagum; for unless you do this, it is probable that an important symptom, which I shall presently mention, attendant on injuries of the brain, will be but imperfectly understood. There is also another circumstance connected with the brain to which I wish particularly to direct your attention, viz. its being the vehicle of the mind; or, rather, I might say, the medium through which the mind is communicated. The influence of the brain on the mind, and *vice versâ*, will be amply demonstrated to you as I proceed.

Now, when the brain receives an injury, the symptoms stated to be the result of that injury are, general loss of sense and volition, if the injury be considerable; but if not so severe, some portion of sense and volition will remain; for example, when you are called

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to the bed-side of a person thus situated, you find him to be what is termed comatose. If you speak sharply to him, he becomes roused for the moment, mumbles some brief answer to you, again lays down, and relapses into his former sleepy state: thus you observe partial mental faculties and volition still remain. This state you should minutely note, as it will greatly assist you in your after diagnosis; and you must be upon your guard that you are not deceived here; for a man in this condition very much resembles one in a state of intoxication; and this similitude often proves exceedingly harassing to the surgeon. He is probably sent for to a person who, it is stated, has received a severe injury of the head. He finds him with a very severe laceration of the scalp, together with stupor, and sometimes even stertorous breathing. Not knowing that the individual was intoxicated at the time of receiving the injury, the surgeon attributes the above symptoms to concussion or compression, when, after a few hours, the person recovers from his drunken fit, and it becomes apparent that he received no other mischief than a wound in the scalp.

In addition to loss of sense and motion, the fæces involuntarily pass off from the sphincter ani losing its retentive power through the sympathetic influence of the grand sympathetic nerve—the voluntary power of the bladder becomes for the time extinct—the urine is retained, and you are obliged to pass a catheter for its removal at the very time when the escape of the fæces cannot be controlled. But the involuntary functions of no organ are so soon affected by injuries of the brain as those of the stomach; this arises from the connexion before explained to you; vomiting, therefore, is one of the first symptoms; though the fæces pass involuntarily, yet there is such torpor of the intestinal canal, purgatives will not easily excite action, and there will be found considerable difficulty in procuring evacuations; the pulse is said to beat laboriously; for the heart being affected, it cannot readily get rid of its contents. The pulse, however, is not slow unless the body be at rest; for upon the slightest exertion it becomes exceedingly quick; the pupils are dilated, bleeding from the nose, which when the patient has been kept lying on his back, often occasions vomiting of blood; when the injury has extended to the basis of the skull, producing fracture there, it is generally attended with bleeding from the ears. These cases are very dangerous, and persons usually fall victims to them. In addition to the symptoms already enumerated, there is often partial paralysis or hemephlegia, likewise squinting is occasionally produced; the natural direction of one or both eyes becoming changed; permanent, partial, or total aberration of the mental faculties may also be added to the consequences already enumerated, arising from injuries of the brain.

When asked by what two causes concussion and compression are produced, you answer, concussion is simply a shock, which the brain has received, more or less severe, attended with laceration or not; and compression

arises from either a depressed portion of bone, the extravasation of blood, or the formation of matter; and from whichever of these it springs, still the symptoms will be the same.

In describing the symptoms and treatment of these diseases more particularly, I will first begin with concussion: when called to a person whom you find in a state of stupefaction, but not to a great degree; regular pulse; tranquil and regular breathing; and the accident has existed some hours, you will generally be justified in pronouncing that the injury has been trifling; but when the individual has been first seized with vomiting, is incapable of using any muscular power from loss of nervous influence; a total aberration of the mental faculties; with intermittent pulse and breathing, these will be found the diagnostic symptoms of severe injury, and the case a dangerous one. In simple concussion, where the derangement is not so extensive as that just described, and where the patient upon being spoken to raises himself as if awoke from a sound sleep, and where some power of volition still remains, you will find one of the best diagnostic symptoms to be the accelerated action of the pulse upon the patient exerting himself; a man in this state with a pulse at 70, on being raised or attempting to walk, will have it inordinately quickened, and instantly beat 130 in a minute; this is a never-failing symptom, and where the patient can be made to exert himself at all, will be found a sure characteristic of the disease. There is also in these cases a greater action of the carotids than in health, they beat more violently, though not more quickly, if the patient be at rest; if asked what are the best marked symptoms of concussion, I should say this increased motion of the carotids; the apparent tranquil sleep; the instantaneous relapse to that state after having been roused; the remarkable excitement of the pulse upon using exertion, and the insensibility having immediately followed the injury.

The diminution of the operations of the mind is often so great in concussion, even where considerable voluntary motion remains, that you cannot, even by hallooing as loudly as you are capable, get any other answer from your patient, than 'eh!' delivered in a gruff under-tone.—I have known several very curious circumstances of this kind;—one case was that of a gentleman who had met with an injury of the head, by which concussion had been produced—every endeavour to get a word from him was ineffectual; yet, at one period, when the attendants were all absent, he got out of bed, bolted the door, made water, and returned to his bed again, in the same manner as though he had been in perfect health: when the servant went back, he found the door fastened; all their knocking was unavailing, they were obliged to break it open, and then could not procure from him a single word. Indeed, I do not believe the noise of an earthquake would have succeeded in rousing him from his lethargy; yet he could get out of bed, pass his urine, and adopt his ordinary habit of delicacy, by bolting the

door.—I have caught a man, when labouring under the effects of concussion, with his feet in a chamber-pot, and by the action of his hands, it was evident that he was trying to throw water over his legs; upon the servant going into the room of the same individual, some days after, he was found to be attempting to shave himself, and having no lather, he substituted a pot of spermaceti ointment, and which he had brushed all over his face.

I suppose you have all heard of the extraordinary change which the memory sometimes undergoes from the effects of concussion. The first story of this kind that I ever heard, was from Mr. Cline: a man was taken to Guy's, in a state of insensibility, in which condition he remained for some time, but at length recovered; and when he did so, no person in the Hospital could understand his language; a milk-woman happening to go into the ward one day, heard him, and discovered that he was speaking Welsh: he told her that he knew English well before the accident, but after it all knowledge of that language was obliterated from his mind. It had been recently acquired; the impression was less strong, and consequeutly the more easily effaced.

I witnessed a similar circumstance in the case of a German, who was a sugar-baker in this town, and who had compression of the brain arising not from any injury by violence, but from pressure in consequence of the formation of matter. This man could speak English extremely well before the compression, but as the compression increased from the accumulation of matter, he lost his English entirely, and I could only communicate with him through the medium of an interpreter. At last he lost the power of speaking even in his native language, and he died in consequence of the accumulation of matter. It is curious to observe the gradual change which takes place in the intellectual faculties, as alteration occurs in the brain; and the gradual diminution of ideas which have been more recently acquired, until at length they become totally obliterated. Old persons are observed to be fond of relating anecdotes of their youth, forgetting incidents of more recent occurrence; and the change which takes place in the intellect from injuries of the brain is very similar to the effects of age. The patient becomes, as it were, suddenly old; loses impressions of a recent date, and is sensible only of those which he has received in his earlier years. Such is the state of the mind, which is very frequently produced by compression of the brain.

With respect to the state of the brain under concussion, when the concussion is not extremely violent, there is merely a change in the circulation of the brain.

A sudden shock will so far disturb the circulation of this organ, as to produce diminution of the powers of the mind, as well as to impair the functions of the body. I shall have occasion to mention to you a most extraordinary case, in which the functions of the mind were suspended from an interruption of circulation in the brain for upwards of thirteen months, the patient having, as it were, drunk of the cup of Lethe during

all that period. Any change of the circulation in the brain alters, in some degree, the powers of mind and body; but if the agitation be very considerable, the powers of the mind will be for a time suspended. Thus when a person is said to be stunned, there is a sudden alteration of the circulation in the brain, and a corresponding loss of sensibility; but when the circulation is restored by the means which I shall presently point out to you, the powers of the mind return with those of the body. When the concussion is very violent, a lesion of the brain takes place; but when it is slight, no appearances can be discovered on dissection which indicate any alteration of structure. A person may die from another injury, accompanied with concussion; and on examination after death, not the least alteration may be found in the brain. This is not the case, however, where the concussion is violent. I have before me a great number of preparations, from the brain of patients who have died of concussion, in most of which that organ was considerably lacerated, and some extravasation of blood is observable within the brain. (Several beautiful specimens of lacerated brain, accompanied with extravasation of blood, were exhibited to the class.) These specimens show the effects produced by severe concussion. I remember a case of a gentleman, an intimate friend of the late Lord Nelson, who fell from his horse at the corner of St. Thomas's Street in the Borough. He was immediately taken to Guy's Hospital, where he was found to have all the symptoms of concussion, and he was treated in the usual manner. On examination of the body after death, for he died eight days after the accident, the brain was found to be lacerated in several places, and considerable extravasation of blood had taken place. In general, therefore, when the concussion is slight, there will be only an alteration of circulation in the brain; but when it is severe, there will be laceration, accompanied with extravasation of blood, and the symptoms will be found to run into those of compression. The first case in which I ever saw the brain lacerated from concussion, was one which occurred at the other Hospital, in the first year of my apprenticeship, when I was a dresser to Mr. Chandler. As this was the first case of the kind I had seen, I preserved a portion of the brain. The patient had lost the power of speech from a blow on the head; but there was no appearance of any wound or injury to the skull. Mr. Chandler attributed the loss of speech to concussion. On examination of the body after death, it was found that the anterior lobe of the cerebrum was torn, the first effect of which injury was the loss of the power of utterance, or rather a paralysis of the muscles, which deprived him of the power of speech, and subsequently compression and inflammation, of which he died. When you are asked, then, as to the effects of concussion, as they may be collected from the appearances on dissection, you will answer, that when the concussion is slight, it is merely an agitation of the brain, by which the circulation is altered; but when it is severe, the brain itself suffers laceration,

which laceration is accompanied with extravasation of blood. By the knowledge of these facts we are led without difficulty to the principles of treatment.

Treatment of Concussion.

The great danger which we have to guard against, in the treatment of concussion, is inflammation of the brain. This principle must direct our practice; and in order to prevent inflammation, we must take away a very considerable quantity of blood. By bleeding largely at first we not only remove existing inflammation, but we prevent that which would otherwise occur. This practice, however, may be carried to excess. There are some persons who say you cannot bleed too much in these cases; but such an assertion only proves their want of understanding. You must regulate your conduct by the symptoms; observe whether there be any hardness in your patient's pulse, and whether he complains of pain in the head, if he have still the power of complaining; watch your patient with the greatest possible anxiety; visit him at least three times a day, and if you find any hardness of the pulse supervening after the first copious bleeding, take away a tea-cupful of blood; but do not go on bleeding him largely, for you would by this means reduce the strength of your patient too much, and prevent the reparative process of Nature. It is necessary that there should be a slight degree of inflammation, for without this the reparative process cannot go on, and the patient cannot recover; but it will be your duty to keep this inflammation within due bounds. I shall mention a case in which fatal consequences ensued from the error committed by the surgeon in bleeding his patient to such excess, that the slight degree of inflammation necessary to the process of adhesion was removed, and the reparative process of nature consequently prevented.

In these Lectures, Gentlemen, I feel it to be my duty to describe to you Surgery, as it is, and not in the glowing colours in which it is painted to you in books. You must be content to practice Surgery, as it is: not as it is sometimes fallaciously represented to you. I am most anxious that you should omit nothing which may contribute to increase your professional skill, and enable you to afford the greatest possible sum of relief to the sufferings of your patients; but they who blazon forth our profession, as one which is attended with undeviating success, are only deceiving you. You must hear the untoward cases of your profession, as well as those of which the issue is favourable, in order to form a correct judgment in your minds of what your profession really is. It is for these reasons, Gentlemen, that I shall never hesitate, *coute qui coute*, to detail to you, and perhaps to the public, those cases which have terminated unfavourably. I have a duty to perform, and I shall never shrink from the discharge of it. It is by detailing to you the unfavourable, as well as the favourable cases, that I can alone perform that duty, for it is by such a course alone that I can point out to you the rocks which you are to avoid, as well as the haven in which you

are to endeavour to anchor. The case to which I last alluded, was one of concussion, accompanied with slight laceration of the brain, which occurred in the other Hospital. The gentleman under whose care the patient was, thought it right to bleed him, and that he could not bleed him too largely. He accordingly bled, not only from day to day, but twice a day. The consequence of this mode of treatment was, that the patient became perfectly pale, was in a state of considerable dejection, not of the mind, but of the powers of the body, and died without any symptoms of inflammation, ten days after the injury. On examination of the body, it was found that there was a slight laceration of the brain, with some degree of extravasation of blood, but that not the slightest attempt had been made by nature to heal the wound. You are aware that the brain heals, like any other organ, by the process of adhesion; but in this case, the quantity of blood taken from the patient was so large, that the slight inflammation necessary to the adhesive process was removed. and the process of restoration conseqnently prevented. Still it is often necessary to take away blood, after the first large bleeding, but it must be taken in small quantities, and you must watch the patient with the greatest possible anxiety, for the symptoms can alone regulate your practice. Sometimes it is necessary to take away large quantities of blood. I was called to a gentleman who had fallen from his horse in riding to London. I found him insensible on my arrival. Mr. Constable, who attended him, had already bled him, but I judged it necessary to bleed him again largely; and I took blood in smaller quantities from him day after day, watching the pulse with the greatest anxiety, and bleeding him only so far as to reduce the hardness of the pulse without diminishing too much the powers of his body. The whole quantity of blood taken from this gentleman, by bleeding from the arm, opening the temporal artery, and the application of leeches, as far as this could be estimated, amount-to about two hundred and eight ounces of blood. One hundred and eighty ounces were taken from the arm; yet such was the hardness of the pulse that at the last bleeding there was some degree of inflammation in the brain remaining.

You are to use bleeding as a means of preventing inflammation, but you are not to resort to it as a matter of course, the moment you are called to a patient under concussion. A man falls from his horse, and the instant he is picked up from the ground, some surgeons think it necessary to take the lancet from their pocket. This conduct is quite irrational; for suppose the pulse could scarcely be felt at the wrist of the patient, and the surgeon were in such a case asked why he proceeded to bleed; what would his answer be? The probability is that he would have no answer at all ready, or he would perhaps say that he bled him because the accident had brought a great quantity of blood to the brain, as if the shaking of the head could have any effect in producing a determination of blood to the brain. It is not with

this view that we bleed in concussion, but in order to prevent inflammation. I have seen many a patient who would have died if a large quantity of blood had been taken at the time of the accident. This was the case with the gentleman who was attempting to shave himself, whose symptoms I described to you this evening. When I first saw him, his pulse was scarcely perceptible. I took a little blood from the arm, and he was immediately seized with convulsions, like an epileptic fit, which I thought would have proved fatal. I closed the arm, and I would not upon any account have taken six ounces of blood from him at that moment. Some time ago I saw a man, at the other Hospital, who had received a blow on the head. He was pale and dejected, and his pulse could scarcely be felt. I said to the dresser you must not bleed this man at present; there is rather too little action than too much. Wait till the pulse rises, and then bleed him. In the evening reaction took place; the pulse rose, and the dresser then very properly bled him. Inflammation was by this means prevented, and the man did well. The principle upon which you should act, Gentlemen, is never to do any thing in your profession without a good reason, which, whatever may be the result of the case, will leave your conscience clear. A surgeon who bleeds without being able to assign any other reason than that his patient has received a blow, is not fit to practice his profession.

The next remedy I come to is Emetics.

I must say that I have seen emetics of considerable use; the vomiting produced by them does good. I have always considered the efforts of nature to relieve herself after injuries salutary; and thus the vomiting which is excited in cases of concussion, acts beneficially by relieving the stomach of its contents, as the accident generally happens to persons in a state of intoxication; and also by propelling the blood to the brain, and thus restoring the powers of life. But the vomiting excited by nature restores the patient to his senses for a short time; he is sometimes relieved, but without continuing so long; he looks about, and lapses into his former state of aberration of mind from which he had received merely a temporary relief. When emetics are exhibited as a remedy in concussion, there is only one thing that I fear from their use, when there is any extravasation of blood in the brain; or any tendency to apoplexy, then they should be employed with caution; and it is on that account that I wait for three or four hours after the accident before I order them.

With respect to the exhibition of cathartics, the bowels should be kept open by calomel purges, followed by the infusion of senna, and sulphate of magnesia. The calomel should be given about two hours after the accident; and it will be useful to give to the patient at the same time, a quantity of mild fluids to drink; as by this means a disposition to purging is kept up, counter irritation is, as it were, produced, and the blood is drawn from the brain to the intestinal canal. Submuriate of mercury, with lemon juice

squeezed in water should be given. Perspiration on the surface of the body is very desirable, and for this purpose antimonials are employed. The Pulv. Ipec. Com. (Dover's powder) is not generally used to produce moisture of the skin, on account of the opium it contains, as it confounds the judgment, and prevents your seeing what are the effects of the opium, and what those of the disease; for opium produces the same disturbance to the brain as takes place in concussion; therefore it is not often employed. Counter irritation is of use, but not until other means have been resorted to; the object of blisters is to subdue the inflammation when other means have failed. I have known a patient, with pain in the head, sickness at the stomach, loss of strength, and throbbing of the carotids, who had been often relieved by bloodletting, for about two hours only after it was done. A person, under such circumstances, I have known benefited by the application of a blister; on the principle not of increasing but subduing action, from an excess of which the ill consequences are to be feared.

For the symptoms after concussion, the trephine used to be employed; but it now becomes a question whether it ever ought to be resorted to as a means of relief under those circumstances. To this I say, if you were to trephine, you ought to be trephined yourselves in turn (*a laugh*). What will trephining do? Probably great harm, by disturbing the brain; and if not, no good can possibly result from it. Now for the proofs: first, that it does no good. Gentlemen, I never lecture to you but from the recollection of some case that has occurred to me. I was very intimate with a Mr. T., of Yarmouth, where I used to spend a good deal of time when a boy; after my apprenticeship was finished, I went down to this place, and I found Mr. T. labouring under the effects of concussion; the mind was not in the least affected; he had received a blow on the forehead from a bludgeon, and he was afterwards frequently seized with sickness at the stomach. I called on him; and when I went into the room, I said, I came to ask you how you are: in approaching me he was obliged to put his handkerchief to the mouth to prevent the contents of his stomach going over me. In his walks he had frequent vomitings: a relation who was at Yarmouth twelve months after this, said to him, that he had better have the trephine applied, and the portion of bone removed; to which he readily consented. After the operation his symptoms were not relieved; he remained just the same; or I should rather say that he was not relieved, for he did not continue long in the same state; he soon got worse and worse: his bowels became costive; the powers of the mind affected, and he died in consequence of the operation, though he had lived two years after the injury, before it was performed. Mr. B., now in Yarmouth, was living with him at the time, and he could tell more of the particulars than myself; but this I know, that he was not benefited by the operation, but injured by it. But for a more direct proof that it is dangerous, Dr. Farre told me that he

knew a person who was subject to epileptic fits after concussion of the brain, and that he was extremely anxious to be trephined. The operation of trephining was performed, and he died soon afterwards. Do not think, Gentlemen, that I mention this as an uncommon case; but this used to be the plan adopted with almost all the patients admitted into these Hospitals during my apprenticeship; they were all submitted to the operation; inflammation of the membranes of the brain supervened, and nearly all died; recovery being very rare. But do our patients now die from the effects of concussion? No; by bleeding and depletion we rarely lose a patient; perhaps we have fallen into the contrary extreme. After the expiration of my apprenticeship at these Hospitals, I went over to Paris to see the practice of Desault, at the Hotel de Dieu; and there I found that never, under any circumstance whatever, did he trephine; and that he was more successful than those who were constantly doing it here. Trephining in concussion is now so completely abandoned, that in the last four years I do not know that I have performed it once; whilst thirty-five years ago I should have performed it five or six times a year. But I believe that I have omitted one circumstance; and that is to tell you to pay strict attention to the mind; excessive anxiety must be prevented; for if you suffer the mind to be disturbed, you do little or nothing towards the recovery. I was very much struck, about twelve months ago with an instance of this: a boy was brought to me from the north of England who had lost a portion of the skull just above the eyebrow; and I was asked (for it was for this purpose that I was consulted), what protection should be given to the denuded brain. On examining the brain, I distinctly perceived the pulsation was regular and slow; but at this time he was agitated by some means or other; directly, the blood was sent with increased force to the brain: the pulsation became more violent; therefore if you omit to keep the mind free from agitation, your other means will be unavailing.

Lastly, the treatment of Children. As you cannot always bleed them from the arm, you must give the submurias hydrargyri (calomel), with mild drink, so as to purge them; leeches must be applied to the temples: you must open the jugular vein. —For the symptoms after concussion, or pain in the head, or sickness at the stomach, you must make an incision through the scalp, put issues in, wash them with spirits of wine and water; for this is better than any thing else I know: and use the shower bath two or three times. These are the best means for giving power to the nervous system and bringing the action of the brain into a healthy state.

Theatre, St. Thomas's Hospital,
WEDNESDAY EVENING,
Dec. 10th, 1823.

LECTURE SEVENTEENTH.

WE are this Evening to consider, Gentlemen, COMPRESSION

of the Brain, the causes which give rise to it, its symptoms, and the treatment which those symptoms require.

When a person is labouring under compression of the brain, it is known by the breathing being stertorous, the pulse slow, and the pupils dilated; then to these may be added the symptoms of concussion; when you find then a patient with the apoplectic stertor, slow pulse, dilated pupils, it will generally happen that the brain is compressed. The causes which produce compression are three; 1. Extravasation of blood; 2. Fracture with depression; 3. Formation of matter within the skull, these are the three causes which give rise to compression, we shall first consider compression when produced by extravation. Now, Gentlemen, when the brain is compressed by extravasated blood, the symptoms do not directly occur; the person at the time of the injury is often stunned, recovers himself, and a short time after falls into a comatose state, and then the apoplectic stertor begins. I will relate to you a case to illustrate this. A child was playing on a table from which it fell on a stone floor, and received a severe blow on the head, which caused compression of the brain; the child appeared to recover at four in the afternoon, the time at which the accident occurred being one; pain still continued in the head, the child cried considerably; it went to bed about two hours before its usual time; during the night, the servant was disturbed by the apoplectic stertor of the child, which prevented her from sleeping; when she moved it, the child was not roused; she discovered that it was ill, alarmed the family, and at eight in the morning it died: it was found after death, that a considerable quantity of blood was extravasated in the brain. The son of a most respectable merchant of the city, was driving to his country house at a short distance from town, in a one horse chaise, when he was thrown out, and pitched with his head to the ground; he was stunned by the fall; he recovered a little, but looked very pale; he said that he was much hurt; a friend that was with him, drove him home; in the evening he felt very heavy, laying the head on his hand; symptoms of compression of the brain came on; ten p. m.; the family was alarmed; medical assistance called, but at two the following morning he died, all efforts to save him being unavailing.

Extravasation with concussion renders the case of a different nature; then the symptoms of concussion, such as I described to you on a former evening, come on first, and the apoplectic stertors and other symptoms of compression succeed. Now for a case: A gentleman was at a party with some friends. He drank freely of wine, and became inebriated. His home was some distance from where he was spending the evening; and his friends seeing that he would be exposed to great risk, wished him to stop, but he could not be prevailed on. He mounted his horse; and on the way was thrown off. He returned home; fell into a comatose state; symptoms of concussion first came on; loss of voluntary motion; at first no appearance of extravasation of blood

was present; two, the following morning, apoplectic stertor came on; and at eleven he died. In this case symptoms of concussion came on first, and those of compression afterwards. Blood was found extravasated in the brain, as might be expected. It is found, Gentlemen, that the extravasated blood, producing compression of the brain, is generally situated in three different parts:—First, between the dura mater and pia mater. Second, between the pia mater and brain. And, lastly, within the substance of the brain itself. In this case (Sir Astley pointing to a specimen on the table before him), there was a considerable quantity (three ounces), the largest I ever saw effused beneath the dura mater. In this also (pointing to another) there was a large quantity extravasated opposite to the anterior inferior angle of the parietal bone and meatus auditorius externus; and the dura mater itself was torn. Second, between the pia mater and brain: this is of more common occurrence; and in this case a large portion of the brain will often be found covered over with blood, not that the quantity of blood extravasated is considerable, but a little is diffused over a large space. This portion of brain before me was taken from a man who fell, I believe, from the yard arm of a ship, and who was carried to the other Hospital (Guy's); he died four hours after his admission; and on examining after death, the vessels going from the pia mater to the brain were completely torn through. Third, within the substance of the brain itself; this (alluding to a specimen on the table) was taken from a person in the city, who had extravasation within the brain, from an accident; after the injury he considerably recovered, though pain still continued in the head; in three months afterwards he died, and on examination there was found in the anterior lobe of the cerebrum a coagulum of blood, no portion of which had been absorbed, as the surfaces close to the brain were quite smooth. These are the three situations in which extravasated blood is principally formed, I do not find any difference of symptoms produced by the different situation of the blood, the compression is produced by the pressure of the blood, and the quantity of blood effused will depend on the size of the vessel of the dura mater that is divided; whatever is the situation then of the blood, the symptoms of compression are the same; if there should be any blood resting on the origin of a nerve there will be partial paralysis of the part which that nerve supplies. In the treatment of these cases there is little to be done. If extravasation of blood occurs with fracture, trephining may be of use. You should deplete freely for the purpose of preventing inflammation; irritation is to be lessened, the bowels are to be opened, and the patient kept very quiet. If there is a bruise near the fracture, indicating the spot where the effused blood is, you may trephine, that is, before symptoms of excitement come on; when they take place you must deplete only, and not dream of performing the operation; to do it under such circumstances would be highly absurd, and the height of madness.

Of fractures of the Skull.

Fractures of the skull are not of themselves dangerous, nor are they injurious to the brain, therefore these fractures do not call for any alarm, if care be taken to prevent the inflammation; the danger in these cases is to be apprehended from disturbance in some distant part, irritation of the system, or extravasation; it is not then, I repeat, from the fracture itself that the danger is to be apprehended, but from compression of the brain, extravasation of blood, or irritation in some distant part; therefore when called to a case of fracture of the skull, you do not operate, but consider the symptoms that are present, endeavour to ascertain from what they arise, and then regulate your treatment accordingly; if the symptoms are those of concussion, the treatment must be directed to it, if those of extravasation of blood, and there is not much excitement, it will be necessary to remove a portion of bone, but if there be fracture only, without any of the symptoms above mentioned, there will be no occasion to operate.

Fracture of the base of the Skull.

When a fracture occurs at the base of the skull, it is much more dangerous than at any other part, because extravasation of blood is much more likely to take place, or if not, inflammation of the brain, from the violence of the injury received, very often supervenes; the mode in which these fractures are produced, is by falling from a great height on the summit of the head, when all the weight of the body rests on the foramen magnum, and cuneiform process of the os occipitis, great injury is in this way done as in very many cases a transverse fracture through the foramen magnum, cuneiform process, and part of the temporal bone is the consequence; a discharge of blood into each meatus auditorius takes place, and where there is no other mischief, deafness often remains for life. A curious fracture within the orbit sometimes occurs, as in the case from which this specimen (pointing to one on the table) was taken, when destruction of life was the consequence of the injury received. I will give you the history of the case. A child was playing with a scissors, when the point of it entered the upper part of the orbit, between the ball of the eye, and the superior eyelid; the scissors was with difficulty extracted; the child's eye did not become inflamed; after the accident the child walked from Walworth to Mr. W., of Hatton Garden, who attended it; on the 10th day from the time of the mischief, symptoms of compression of the brain came on, rigors, inflammation of the brain supervened, and the child died; on examining the body after death, it was found that the scissors had penetrated through the orbitar process of the os frontis, lacerated the dura mater; considerable quantity of extravasated blood was found, and the anterior lobe of the cerebrum was punctured by the point of the scissors, from which it had received the injury.

It now and then happens that a blow received upon the summit of the head will produce a circular fracture of the entire cranium, commencing at the top of the head, passing down on each

side through the temporal bone, and meeting at the basis.—Mr. Chandler, late Surgeon of this Hospital, had a case of this description; there did not appear to be any extravasation or concussion; great irritation and violent inflammation succeeded, which destroyed the patient; and after death, it was discovered that there existed a complete circular fracture of the skull, and that the anterior portion could be freely separated from the posterior. I believe these cases always terminate fatally.

There is a curious fracture of the skull which occasionally takes place over the frontal sinuses. When the fracture is simple, if the nose be blown, the air escapes through the opening in the bone, and getting into the cellular membrane under the skin, renders the forehead emphysematous. If, on the other hand, the fracture is compound, upon blowing the nose, the air rushes through the wound; so that in either case, the nature of the accident may be easily ascertained.

Fractures of the skull, if unaccompanied with concussion or compression, as readily unite as fractures of the bones in any part of the body. Here is a curious case (exhibiting a skull), where a circular, or rather oblong piece of bone was, as you may perceive, completely separated from this part of the os parietale by the cut of a sabre; and yet, from what you here see, it is evident that it became reunited. However, I will send it round, that you may have an opportunity of examining it for yourselves. Fractures of the cranium, therefore, easily unite. Where, however, large holes are made through the skull, the apertures do not again become filled by ossific matter, but by a tendinous structure formed from the bone and dura mater. The holes made in trephining are supplied in this manner, and not by bone. Also, when in fractures of the skull, where the bones are separated to any distance, the interspace will not become filled by bony matter, but remain open as you here see it, (showing a skull which had been fractured, and the broken part widely separated.)

Treatment of fractures of the skull is as follows: when there is simple fracture, unaccompanied with symptoms of injured brain, you must not trephine, neither in compound fracture; but you must, by the application of adhesive plaster, endeavour to heal the wound in the scalp as quickly as possible. Let your constitutional treatment be that of depletion, by means of blood-letting and purgatives. This plan often removes symptoms of concussion, and even extravasation, which accompany these fractures; and often a few hours will show you that the application of the trephine, which you at first might have thought indispensable, is wholly unnecessary. Is is wrong, therefore, to be too much in a hurry in these accidents; for irreparable mischief might arise from your converting a fracture, which was simple, into one that is compound. Wait, then, Gentlemen, for a while before you operate in such cases, for the purpose of seeing what effects may be produced by bleeding and purgatives. It not unfrequeutly happens in these Hospitals, upon

persons being brought in who have received injuries of the head, that the dresser in attendance will bleed them immediately after their admission, and at the same time send off for the surgeon; before whose arrival, however, the good effects of loss of blood are apparent, and the symptoms of concussion, and even of extravasation, have often disappeared. This shows how necessary it is that you should not be too precipitate. If you act prudently, therefore, in these accidents, you will try bleeding and purgatives before you operate; and whether you do or not, the depletion will prove of the greatest possible advantage in preventing inflammation, and from which, if not kept within bounds, arises the principal danger.

The next subject to which I shall direct your attention, is Fracture with Depression. I will tell you what you ought to do in such cases, and then leave you to act for yourselves. In order to ascertain whether the symptoms arising from depression would come on immediately after the accident, I tried the following experiment:—A gentleman having brought me a large dog, I applied the trephine to his cranium, and took out a portion of the bone. I then, with the handle of a knife, separated the dura mater from the bone; for I found that I could make no impression on the brain until I had done so, and then pressed upon it with my finger. At first the animal did not seem to feel it; but upon pressing more deeply, it produced pain and irritation, and he endeavoured to avoid us. Upon still increasing the pressure, he became comatose, and fell. I kept him in this state for five or six minutes, when, upon removing my finger, he got up, turned round two or three times from giddiness, and walked away apparently little worse for the operation. A gentleman, who felt the animal's pulse during the continuance of the experiment, stated, that it became slower as the pressure became increased. In man it is the same—slow and labouring.

After blows have been received on the head, it often happens that upon making an examination of the scalp, there appears to be depression of bone to a great extent, when, in reality, there is none. Let me put you on your guard here. A person receives a blow on the scalp: the parts immediately surrounding the spot where the blow was received will rise, from the extravasation of blood, two or three degrees higher than the part itself; for there the cellular membrane having been condensed by the injury, will likewise tend to increase the deception: thus the surrounding parts are considerably higher than the middle; and the external character of the contusion is certainly calculated to deceive those who are unacquainted with the nature of these accidents. I have several times seen these affections; but the first case which I recollect was that of a child brought into Guy's, who had received a severe blow on the head from a brickbat, which had been thrown at it by a man. All present were prepared for the operation, fully expecting that I should apply the trephine; for they felt convinced that there was considerable depression of bone; and when I stated that I should

not operate, they exclaimed, "Good God! I wonder what can be his reason." This child, after having been freely bled and purged, in two or three days quite recovered.

I have often been sent for by my dressers to these cases, and have been requested to bring my instruments with me; but upon examination have found that there was no depression of bone, and that the uneven appearance of the scalp was produced by the causes before mentioned.

It also very often happens in fractures of the cranium that considerable depression of bone will take place from the external table of the skull being driven into the diploé, and without producing the slightest injury to the internal table; do not, therefore, be precipitate in your diagnosis, nor hastily determine upon performing an operation, which you might afterwards have reason to repent: these fractures, however, can only occur in those of a middle age, for in the very young and in very old age, the skull is thin and without diploé. I believe in the course of my practice that I have frequently met with this accident, and we have many preparations in the Museum which clearly demonstrate their true character; but the three now before me (pointing to three skulls) are, I think, quite sufficient to satisfy your minds as to the nature of this accident; here you see the external table has been driven in, and yet no vestige of fracture in the internal; here is another specimen, with greater depression; and the third still more than either, yet the internal plate is sound. I am not acquainted with the histories of these specimens, but it is evident that the persons recovered by the re-union that has occurred between the parts which were broken.

Suppose you are called to a patient who has had a severe blow on the head, and that on examining the skull you find a portion of bone considerably depressed. You may still find this man capable of giving a history of the accident, and that his mind is not at all affected. On the other hand, you may be called to a person who has a fracture of the skull with depression, and who has lost the powers of mind. In such a case, if the fracture is simple and there is no wound in the scalp, and no symptom of injury to the brain, it would be the worst practice in the world to make an incision into the part, and perform the operation of trephining; for by making such an incision you add greatly to the danger of the patient, as you may make what was before a simple, a compound fracture, and consequently greatly increase the danger of inflammation. Inflammation rarely follows fracture with depression, where the fracture is simple, but very often follows a compound fracture, which is produced by making an incision in the scalp. Never make an incision therefore when you can avoid it, or merely because there is fracture with depression, if there be no symptoms of injury to the brain. Even if there be symptoms of injury to the brain and the fracture be simple, do not immediately trepan. Take away blood, and purge your patient freely, and see how far the symptoms may be

the result of concussion of the brain, and not of depression. If the symptoms do not yield to depletion, then and not till then, perform the operation of trephining. I was called to a lady who had fallen against a projection in a wall in walking across her parlour. The *os frontis* was driven in, but there were no symptoms of compression of the brain. I bled her, and guarded cautiously against inflammation, but there was no necessity for elevating a portion of the bone. This lady never had any symptoms of injury to the brain, and she recovered by depletion alone.

The old practice used to be, the moment an injury to the brain was suspected, and the least depression of the bone appeared, to make an incision into the scalp. I have heard of a dsesser in these hospitals who, having had no accident during his week, said, 'I will make a cut in the head of one of my patients with fracture, for he may perhaps have depression, and I shall in this way have something to do before my week is up.' This dresser ought to have had a cut made in his own head; he should have been cut for the simples. (A laugh.) This was putting his patient to considerable hazard; for the simple fracture would by the incision be rendered a compound fracture. In simple fracture then, when it is attended with symptoms of injury to the brain, deplete before you trephine; and when it is unattended with such symptoms, though there may be depression, deplete merely, and never divide the scalp.

If the fracture be compound, the treatment must be very different, because a compound fracture is followed very generally by inflammation of the brain, and it will be of no use to trephine, when inflammation is once formed. It might be thought that it would be time enough to perform this operation when inflammation had appeared; but this is not the case, for if inflammation comes on, the patient will die whether you trephine or not, and you will be so far from arresting its fatal progress by trephining, that the operation will add to the danger of the inflammation. When inflammation of the dura mater and membranes of the brain has been excited by the depression of the bone, you cannot retard the progress to death, by performing the operation. These principles may be illustrated by many cases. During the first year of my apprenticeship in these Hospitals, I saw two instances; one, in a patient of Mr. Cline, and another in a patient of Mr. Birch. Mr. Cline's patient was a man who came from Walworth, with compound fracture, from a blow on the head. A portion of bone had been forced into the cavity in the skull. Mr. Cline advised him to submit to the operation of the trephining. The man said 'You may do what you like; I am no judge, but you are, so do what you please with me.' Accordingly, he walked into the operating theatre to be trephined; the portion of bone was removed; he walked back again to bed, and never had a bad symptom. A short time after, a patient under Mr. Birch, with fracture and depression, was told that he was in similar danger, and advised to undergo the same operation. He was, however, self-

willed, and obstinately refused to submit to it. Eleven days after the accident, he was seized with pain in the head, and the symptoms of inflammation in the brain, and when he became insensible, the operation of trephining was performed; but it did not arrest the symptoms, and he died of the inflammation. In the other Hospital two boys were admitted under very similar circumstances. The *os frontis* had, in one case, been broken by a kick from a horse, and in the other by a fall on the forehead. In the former case the portion of bone was raised, and the boy did well; but the mother of the other boy interfered to prevent the operation of trephining; and though it was performed after symptoms of inflammation had appeared, he died. It is quite true that it often happens that fracture with depression is frequently not followed by inflammation, even when the fracture is compound; but we cannot be certain of this, and if it does ensue, we cannot save the patient by trephining at a late period. The rule, therefore, which I always follow, is this:—When I am called to a fracture, with depression, which is exposed to view, I generally use an elevator, and very rarely the trephine. I put this instrument under the bone, raise it up, and if it has been comminuted, remove the small portions of bone. If, however, one bone is wedged within the other, I apply the trephine for raising the depressed portion of bone. The elevation of the bone is never followed by any mischief; but if you do not raise it, and inflammation follows, it will be too late to attempt to save the life of the patient.

I shall conclude, Gentlemen, by mentioning two other circumstances; but they are two circumstances to which, if there be any thing valuable in the Lecture, I wish most particularly to call your attention.

The first is this. It sometimes happens in fracture of the skull attended with depression, that a small spicular portion of bone will project into the brain, so as to produce and support epileptic symptoms. A negro, who was a patient of Mr. Birch, had fracture from a blow on the head, and a portion of the bone was depressed. Shortly after, he was seised with epileptic fits, which continued for many years. When he was admitted into the Hospital, it was found that there was still a portion of the depressed bone remaining, and the trephine was applied to it. When the circular piece of bone was completely sawed round by the trephine, so that it could be moved from side to side, Mr. Birch found a difficulty in raising it; he put the elevator under it, but still it adhered to something within. At last he took a pair of forceps, and, by using more force, he extracted a little spur or thorn, which had proceeded from the inner side of the skull through the dura mater into the substance of the brain, and was the cause of the epileptic fits. After its removal, he had but one more fit, and he completely recovered.

The other circumstance which I shall mention is one, which, whether we regard it in a physiological or surgical point of

view, is, perhaps, one of the most extraordinary which ever occurred; and, as connected with surgery and physiology, I am surprised that it has not made a greater impression on the public mind than it appears to have done. A man was pressed on board of one of his Majesty's ships, early in the late revolutionary war. While on board this vessel, in the Mediterranean, he received a fall from the yard-arm, and when he was picked up, he was found to be insensible. The vessel soon after making Gibraltar, he was deposited in a hospital at that place, where he remained for some months, still insensible; and some time after he was brought from Gibraltar, on board the Dolphin frigate, to a depôt for sailors at Deptford. While he was at Deptford, the surgeon under whose care he was, was visited by Mr. Davy, who was then an apprentice at this Hospital: the surgeon said to Mr. Davy, "I have a case which I think you would like to see. It is a man who has been insensible for many months; he lies on his back with very few signs of life; he breathes indeed, has a pulse, and some motion in his fingers; but in all other respects he is apparently deprived of all powers of mind, volition, or sensation." Mr. Davy went to see the case, and, on examining the patient, found that there was a slight depression on one part of the head. Being informed of the accident which had occasioned this depression, he recommended the man to be sent to St. Thomas's Hospital. He was placed under the care of Mr. Cline; and when he was first admitted into this Hospital I saw him lying on his back, breathing without any great difficulty; his pulse regular, his arms extended, and his fingers moving to and fro to the motion of his heart; so that you could count his pulse by this motion of his fingers. If he wanted food he had the power of moving his lips and tongue; and this action of his mouth was the signal to his attendants for supplying this want.

Mr. Cline, on examining his head, found an obvious depression; and 13 months and a few days after the accident, he was carried into the operating theatre, and there trephined. The depressed portion of bone was elevated from the skull. While he was lying on the table, the motion of his fingers went on during the operation, but no sooner was the portion of bone raised than it ceased. The operation was performed at one o'clock in the afternoon; and at four o'clock as I was walking through the wards, I went up to the man's bed-side, and was suprised to see him sitting up in his bed. He had raised himself on his pillow. I asked him if he felt any pain, and he immediately put his hand to his head. This showed that volition and sensation were returning. In four days from that time the man was able to get out of bed, and began to converse; and in a few days more he was able to tell us where he came from. He recollected the circumstance of his having been pressed, and carried down to Plymouth, or Falmouth; but from that moment up to the time when the operation was performed (that is for a period of 13 months and some days,) his mind had remained in

a state of perfect oblivion. He had drunk as it were the cup of Lethe; he had suffered a complete death, as far as regarded his mental and almost all his bodily powers; but, by removing a small portion of the bone with the saw, he was at once restored to all the functions of his mind, and almost all the powers of his body.

It appears, therefore, that in cases of depression we should not be prevented from trephining, however distant the period may be at which the accident occurred; and the patient may, after any interval, be restored to the powers of body and mind.

Mr. Jukes attended this evening with his elastic gum tube, and double tube stop-cock syringe. At the conclusion of the Lecture he presented himself to the class, and having drunk a small quantity of the solution of the extract of liquorice with four tumblers of water, he introduced the tube into his stomach. Mr. Scott applied one of the stop-cocks of the syringe to the tube, and immediately pumped out the whole of the liquid taken into the stomach. Thus the experiment completely succeeded to the great satisfaction of Sir Astley and the gentlemen present. On this subject we refer our readers to the interesting letter of Mr. Alcock.

On the immediate Treatment of Persons poisoned. By Mr. Alcock.

[To the Editor of the Lancet.]

Sir,—I take the liberty of offering a few remarks, by which your readers may trace the progress of the invention of the apparatus for the removal of poison from the stomachs of living animals, conceiving that your statement of an experiment performed in the Theatre of Guy's Hospital, on the 21st of last month, and of the comments made by the able and learned Professor, whose approbation is so warmly expressed, must be inaccurate or erroneous. I assume that your statement must be erroneous, as it is calculated to convey the idea that the mechanical removal of poisons from the stomach was altogether new, and solely established by that experiment. I am, therefore, induced to offer these remarks in justice to my professional brethren, and to obviate the stigma which must attach to them, if they could be supposed ignorant of the mode of treatment above alluded to, many years after its practicability had been demonstrated and published to the world.

The experiment at Guy's consisted in removing the contents from the stomach of a dog, by a syringe or pump, with an affixed tube long enough to reach the stomach.

The subject is of great importance, and cannot be reverted to without regret; as, in consequence of the frequency of poisoning, by mistake or otherwise, the lives of many valuable members of society have unfortunately been lost, which might, in all human probability, have been saved by efficient medical or surgical treatment. Even the number of deaths by oxalic acid alone, related in the public prints, would form a melancholy illustration of this fact.

The usefulness of immediately

removing poison from the stomach of an individual who has been luckless enough to swallow any hurtful quantity, is too obvious to the common sense of mankind to require much comment. The present is not a fit opportunity for entering upon the minutiæ of actual practice; but, I trust, on another occasion, it will admit of proof, that the means of effecting this removal are sufficiently simple to allow of being used by any one of plain, common sense, and of moderate mechanical dexterity, who possesses the slight anatomical knowledge requisite for passing a flexible tube down the gullet, and to whom the necessary precautions have been clearly pointed out.

These means consist essentially in *sucking* or *pumping out* the fluid and pulpy contents of the stomach, however varied the form of the exhauster or pump may be; whether it be a mere elastic bottle, a common syringe, or a pump, in the usual acceptation of the word, furnished with valves, to prevent the retrograde motion of the fluid. Neither does it signify whether these valves be spherical, conical, or any other shape, so that they be accurately fitted. Each of these instruments acts on the same principle, namely, that of taking off or diminishing the pressure of the atmosphere from some part of a fluid, whilst its weight (that of the atmosphere) acts upon the general surface, and forces the fluid in the direction in which the pressure is taken off.

Every invention of a certain degree of importance, has had many and sometimes rival claimants. The principle of *suum cuique* is venerated by every lover of truth, and ought to guide every inquirer.

I deem it unnecessary to repeat your description of the instrument, and the detail of the experiment, contained in The Lancet, No. 8, page 276. The approbation which you there state generally, one of your contemporaries has given in particular; and, as it tends more strongly to convey the erroneous idea alluded to in the beginning of these remarks, I subjoin the passage.

"Sir Astley shook hands with Mr. Reed, and complimented him on his ingenuity; observing, that had he lived in Greece, during the time of its splendour, instead of in England, he would have been undoubtedly crowned with laurels. It might be made applicable, (observed Sir Astley,) to more purposes than one. It might be appended to the catheter, it might be used in the rectum. Addressing himself to the students, Sir Astley alluded to the success of the machine, by observing, that there was evidently to be found in the use of it a plausible and a very practicable method of dislodging the contents of the stomach; which, he conceived, it would be advisable to do by this means, where poison had been swallowed, previous to giving any medicine as an antidote. Thus far, alone, it was of most valuable importance to the profession, as well as to humanity at large."

Would any one, perusing the above, suppose that the experiment to which it alludes, was not quite *unique?* There does not appear any allusion to the same having been performed by others. Next week, the subject being resumed, allusion is made to Mr. Jukes and Mr. Bush, who in 1822, published on this subject.

The following quotations are from *The Lancet*, page 300 :—

"Let me ask you then, gentlemen, whether an experiment of this kind, is not in the highest degree interesting, and whether we are not infinitely indebted to the man who first suggested the means of administering relief under such afflicting circumstances? I am happy to tell you, that the gentleman to whom we are indebted for this suggestion is now present; that he is ready to have the experiment made upon himself, and that so confident is he of the success with which it may be applied, that he would have no objection, if I could permit it, to take a large quantity of the tincture of opium in your presence this evening. . .

"The syringe which was brought to me the other day by a very ingenious man, Mr. Reed of Kent, is entirely a new invention. . . .

"Mr. Reed's syringe is a new contrivance, which has been formed upon a principle in hydrostatics (first applied, I believe, by Mr. Bramah), and which is capable of increasing the force of the instrument to the greatest possible degree. To give you an idea of its force :—If I were to stand on a piece of wood, and the wood were surrounded by any thing which would prevent the escape of water, the force of the syringe is capable of raising me from the ground. I do not wish to commit myself by any observations on a subject with which I do not pretend to be particularly conversant; but I believe, gentlemen, the principle is this: *When a fluid contained in a vessel, having a large diameter, is thrown into one of very small diameter, the result is, an exceedingly great accumulation of force.*"

Now, Sir, some parts of the statements in the preceding quotations are so obviously erroneous, that I cannot believe such an enunciation as that marked above *in italics* could ever proceed from one of the most celebrated surgeons and professors of the British Metropolis, in the form of instruction to a highly respectable and intelligent class of students.

The communications of Mr. Bush and of Mr. Jukes were kept up for several months in the London Medical and Physical Journal, and the Medical Repository; and a charge or insinuation of piracy refuted; whilst, by the retort courteous, another charge of a want of reflection, and consequently dangerous practice, was clearly made out. The merit of each of these gentlemen might have stood sufficiently high, had not the able and intelligent Editor of the Medico-Chirurgical Quarterly Review shown that whatever foundation these supposed *inventions* might have in usefulness, they could have no claim to *novelty*, upon any surgeon who had kept pace with the improvements of the age in which he lived; the apparatus having been perfected, and the description of it published years before. The subject was also discussed in the Medical Intelligencer for 1822, and the proposal of changing the more bulky syringe for a small forcing pump distinctly made: "If a two-ounce syringe be used as a forcing pump, it may be made to perform all that their larger instruments can accomplish, and more speedily too."

Be it observed, that the means

actually and successfully used by Mr. Jukes were the mere elastic bottle and flexible tube, and may be considered as the least perfect mechanism that can be used for a pump; yet they were proved to be fully sufficient.

Mr. Bush's proposal of the syringe was certainly an improvement upon the elastic bottle; but in any other than awkward hands, either may be used expeditiously and effectively.

In 1820, Mr. Evans, of Belper, successfully evacuated the stomach of a female who had swallowed poison, by more simple means than either of the preceding. The case is published in the *Transactions of the Associated Apothecaries and Surgeon Apothecaries* of England and Wales.

Let us by tracing one step further back, examine the claims of Mr. Jukes and Mr. Bush to the merits of this *invention*. In Dec. 1822. the following pithy comment appeared in Dr. Johnson's Medico-Chirurgical Review:—

"NOVELTY.

"Our readers will have perceived that Messrs. Jukes and Bush have *invented* an apparatus for extracting poisons from the stomach. The same apparatus was proposed by Boërhave, and brought to perfection by Dupuytren and Renault in France. The whole apparatus, exactly as described by Mr. Jukes, may be seen in Orfila's Toxicology, vol. i. sec. 84. So much for the *novelty* of the thing."

The description of the apparatus, and the mode of proceeding to empty the stomach mechanically contained in Orfila's valuable work on poisons, is so clear and perspicuous as not to require further simplification. Neither does the apparatus, as far as usefulness is concerned, admit of any improvement; since its operation is expeditious and certain. Orfila's work was published in France in the year 1814; the Dissertation of M. Reynault, from which Orfila quotes the description of the instrument, and the experiments on living animals, were defended in the School of Medicine, in the year 10 of the Republic (1803). Orfila's work has been translated into English.

Let us recapitulate the facts and dates:—

Boerhave proposed the use of the flexible tube passed into the stomach; that which Dupuytren and Renault perfected.—Boerhave lived from 1668 to 1738.

Renault's Dissertation, containing the description of the perfected instrument, in the year 10—1803.

1814.—Orfila's republication of Renault's description and experiments.

1818.—Orfila's work was translated into English and published.

Mr. Evan's case having been but lately published (two or three months ago), may be passed over.

1822.—Mr. Jukes's observations and experiments published in the Gazette of Health; and, subsequently, in the Medical Repository, and London Medical and Physical Journal.

1822.— Mr. Bush's communication published in the Medical and Physical Journal.

1822. — The substance of Mr. Bush's and Mr. Jukes's papers was stated in the Medical Intelligencer.

1822, Dec. — The subject was pointedly noticed in the Medico-Chirurgical Quarterly Review.

1823, Nov. — Mr. Reed's *invention*, with comments.

I will translate from Orfila's work* the description of the instrument used by M. M. Dupuytren and Renault,† p. 103, not having the English edition at hand to refer to.

"The gum-elastic tube," says M. Renault, "should be of a sufficient length to allow one of its extremities to reach the most depending part of the stomach, and of a calibre large enough to give passage to soft substances, such as those in a half-digested state; it should have two orifices, one at each extremity; lastly, a ferrule of metal should embrace the external orifice, which is to be received into the canula of a syringe. Things being thus arranged, the tube is introduced into the stomach by the mouth or nostrils; the syringe adapted to it, and a certain quantity of liquid is gently injected to dilute, hold in suspension, or dissolve the poison. Then the piston is raised, a vacuum formed, and some of the contents of the stomach drawn in. After these two operations have been repeated several times, the viscus (stomach) is well washed, and all the poison is extracted, without any violence, and almost without any pain, and in a very short time. Whenever the poison shall not have passed the pylorus, and it is not in very large fragments, the possibility of extracting it by this process, is evident to all who are in any degree acquainted with natural philosophy."

M. Renault goes on then to say, "*I have injected as much as eight ounces of water into the stomach of several small dogs, and I have always succeeded in pumping the whole of it out by the process which I have just described.*" M. Renault further adds, that "the experiment could not fail to succeed, when it is recollected with what success analogous means have been had recourse to for the purpose of emptying the bladder when filled with coagulated blood."

Contrast the above with your statement given in THE LANCET, No. 9, p. 299:—

"The other subject, to which I mean to call your attention, is the experiment which I made on an animal last Friday, in the other Hospital. This experiment, Gentlemen, delighted me; I do not know that I have ever experienced greater pleasure in my life than I felt in going home from the Hospital on that day. With respect to antidotes against the effects of poison, it is well known that they are, in a great degree, useless. It is impossible, for instance, to get rid of arsenic from the stomach by any remedy that can be administered. It is doubtful whether any man ever recovered from the effects of that poison by means of an antidote. So with respect to opium, when it is taken into the stomach in such large quantities that vomiting cannot be excited,

* Traite des Poisons, par M. P. Orfila

† Nouvelles expériences sur les contre-poisons de l'arsenic; dissertation soutenue à l'ecole de Medicine.

the patient cannot be relieved by the exhibition of medicine; for where is the antidote against the effects of opium? A few weeks ago, a nurse in this Hospital died in consequence of having swallowed opium. No relief was admininistered to her; but can it be said, after what we saw on Friday, that no relief *could* have been administered to her? A short time since, a patient died in the other Hospital under similar circumstances; the quantity of opium taken being so large that vomiting could not be excited by any means which were employed."

I consider comment on these facts unnecessary, and leave the profession to judge how far we are indebted to Messrs. Reed, Jukes, Bush, &c. for this improvement in the treatment of persons who have taken poison; or to our continental brethren, whose views on this subject have for so long a period been made known to the world.

I am, Sir, yours, &c.

THO. ALCOCK.

11, New Burlington-street,
Dec. 9, 1823.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

James B. from Rootham in Essex, the man operated upon by Mr. Lucas, for lithotomy on the 1st inst. died on Tuesday last at 4 o'clock in the morning.

The day after the operation he was bled, as his pulse at that time indicated considerable action and power in the vascular system. On the Wednesday, however, the violence of the pulse had very much abated, and from which time it gradually manifested less power day after day until he died.

During the eight days that he survived the operation, he complained of great pain in the bladder, but there was no tenderness of the abdomen. On the third day, there was a discharge of matter from the wound in the perineum, and which continued to increase up to the period of his death.

We stated in our last, that Mr. Lucas was unsuccessful in his attempt to extract the stone from the bladder, although he most assiduously persevered in his exertions for upwards of fifty minutes; and during which time, both the gorget and forceps were freely introduced. All, however, was unavailing, and the man unfortunately was obliged to leave the theatre, in a worse condition than when he entered it. It now became matter of conjecture, whether there existed a calculus in the bladder; it was pretty evident, this would not be a subject of speculation for many days, as from the diseased state in which the bladder was found, his speedy dissolution was confidently anticipated. We have before mentioned that he died on Tuesday morning, and as the relatives wished to remove the body into the country the same afternoon, the dresser (Mr. Thomas) very judiciously and very carefully removed from the corpse—the bladder, rectum, pubes, together with

that portion of perineum, into which the incision had been made. On the following day, Mr. Key examined these parts in the presence of several of the students. In the bladder were found a considerable quantity of pus, its coats thickened, and exceedingly vascular; the prostate gland very much diseased, and increased to the size of a large orange; of a pyramidal form, the base being to the pubis, and the point projecting into the bladder, somewhat in the manner of an unimpregnated uterus into the vagina; behind this enormous prostate, was situated a small stone about an inch and quarter in length, and three quarters of an inch in breadth.

The opening which had been made by the gorget into the bladder, was at the upper part of this diseased gland; and notwithstanding the repetitions of its introduction, had made an incision of only *three quarters af an inch in length.*

Case of Elephantiasis.

Dec. 12th. The size of the limb is a little diminished. The same applications are continued as mentioned last week, viz. the bandage and soap plaster. Her general health is pretty good.

Case of sloughing of the Pudendum.

The patient is not so well. Since Monday, the wound has been assuming an unhealthy appearance.

On Tuesday (Dec. 9) the application of port wine to the part was discontinued by Sir Astley Cooper's request, and a linseed meal poultice covered with the London treacle substituted for it. This, however, did not agree with the wound, and yesterday the port wine was ordered to be applied again. The wound has a foul appearance, and has extended a little way down the thigh. She loathes all food that is brought to her: continues to take the decoction of bark, &c. together with the port wine.

In the history of the case given last week it was omitted that she had amenorrhœa of four months' continuance.

A woman, who had made an attempt to poison herself by taking laudanum, was admitted this week. The quantity of laudanum taken was small, an emetic had been administered before her admission; at which time it was repeated, and she is now doing well.

A severe case of burn was brought to this hospital on Wednesday (Dec. 10th).

Operations, Dec. 12th.—A man was brought into the operating theatre at a quarter before two, with a large swelling on the inside of the thigh, extending the whole of its length. The integuments were not discoloured, nor did the patient complain of much pain in the part. The case being of a doubtful nature, it was determined to introduce a lancet into the tumour at the most depending portion; this being done, some fluid of rather a thick consistence, and brownish colour, was evacuated, in which were found several hydatids. After the fluid had been let out, a linen roller was applied tightly round the thigh (the opening being left uncovered), in order

to procure adhesion of the sides of the sac. The quantity of fluid evacuated amounted to about two quarts; it was situated beneath the fascia lata of the thigh.

ST. THOMAS'S HOSPITAL.

Dec. 12th. Cases of fractured thigh, and of erysipelas, from injury, and slight concussion, have been admitted here this week.

Operations.—The operation for artificial pupil was performed here on Wednesday (Dec. 10th), by Mr. Tyrrell. The cornea was divided by means of a knife, and the requisite portion of iris removed by a small curved scissors.

A large steatomatous tumour, situated just over the inferior angle of the right scapula, was removed this day. A finger was also amputated.

Both the operations were performed by Mr. Green.

MIDDLESEX HOSPITAL.

Dec. 8th. A boy was this day admitted, with the three first fingers of the right hand crushed and lacerated by the machinery of a flock factory. The thumb and little finger escaped without injury. The metacarpal bones on the back of the hand were laid bare more than half their extent. The house surgeon (Mr. C. Wright) found it necessary to remove the injured fingers at their articulation with the metacarpal bones. The best integuments that could be obtained from the inside of the hand were then brought over the ends of these bones. Simple dressing was applied, and the whole kept in the required position by a roller. Cold lotion was ordered to be applied to the hand.

Dec. 11th. The boy is doing well.

A case of scrotal hernia was also admitted this day. It was reduced by the above gentleman without difficulty. There was also inflammation of the testicle, extending to the spermatic chord, for which twelve leeches were applied to the scrotum, and afterwards fomentations. The state of the primæ viæ was likewise attended to. He has since been discharged quite well, with the only inconvenience of having to wear a truss.

Dec. 9th. A man was admitted, with a fracture of the radius and ulna on his left arm; the clavicle was likewise separated from the scapula on the same side; he is doing well; his bowels were attended to, and a few ounces of blood were taken from the arm; the limb was laid in junks, and cold lotion applied to it.

The Case of Affection of the Nervous System continued.

This boy continues in precisely the same situation as stated in our last report. He has had occasional purgatives of calomel and jalap; and on the 6th instant a seton was introduced at the back of the neck; his general health at present seems to be in some degree impaired.

CASE.

Martha H., aged 26, a very interesting young woman, residing at 3, George-street, Battle Bridge, was brought here on Monday evening last. The account given at the time, was: that her husband had discharged a pistol at her, loaded with three or four slugs, which had entered her right thigh. Upon examination it was found that the contents of the pistol had entered the thigh, about three inches and a half from the knee joint, penetrating the rectus muscle, fracturing the femur, and taking a course downwards and outwards; the external wound was of the size of half-a-crown or thereabout; upon introducing the finger into the wound, it was discovered that the femur was very much shattered, some of the splinters extending into the knee joint; the soft parts under the rectus muscle and the bursæ of the knee-joint were much injured; amidst the general devastation of the neighbouring parts, the artery however seems to have escaped, and the hemorrhage from the wound was inconsiderable. The *superior* ends of the fractured bone rode over the inferior portion, making the affected limb about three inches shorter than the sound one. After consultation, the surgeons determined on operating above the injury, as the only probable means of saving the life of the patient. This resolution was communicated to her, when she declined to submit to the operation. The imminent danger of her situation was then explained to her, but she resolutely and firmly adhered to her former determination. Under these circumstances, all that could be done may be expressed in a few words. The fascia of the rectus muscle on both sides of the wound, was divided longitudinally, about an inch in length, with the probe pointed bistoury. The finger was then introduced, afterwards the forceps, and by the latter five or six portions of the fractured bone were removed.

The portions extracted varied in size, the largest being about $1\frac{1}{2}$ inches long, and $\frac{1}{2}$ inch wide at the centre; in shape resembling the figure in geometry, called a parabolic spindle. The slugs could not be discovered, although there was no counter opening by which they could have escaped. The fracture of the femur was more extensive, but the firm adhesion of the periosteum prevented more of the insulated portions being extracted. The limb was then laid in junks, and dossils of lint dipped in oil were introduced between the edges of the wound, to prevent adhesion taking place. Simple dressing was then placed over it, and the whole limb kept cool by the lotion of acetate of ammonia, thirty minims of laudanum in camphor mixture were given her.

Dec. 9. Passed a very restless night, pain in the limb excessive; there has been a slight oozing of blood from the wound; complains of a sense of coldness in both extremities; tongue furred; skin hot and dry; pulse very quick, but too indistinct to be numbered; very thirsty; limb swollen. Early in the morning she had a dose of the Pulv. Jalapæ Compositus.

℞. Hydrarg. Submur. . iv
Pulv. Jacobi veri, gr. ii.
Fiat pulvis statim sumendus.

℞. Liq. Ammoniæ Acet. ʒiii.
Vini Ipecacuanhæ, mj. xii.
Mist. Camphoræ, ℥jss.
Quartis horis.

Evening.—Pulse 128; very weak; heat of the skin somewhat diminished; pain in the limb not so great. The opiate to be repeated.

Her breasts were drawn to day, which was rendered necessary by her not suckling her infant, six months old, as before to the accident.

Dec. 10th. Passed a more quiet night; pain in the limb not so great generally, though at intervals excessive; skin moist; tongue cleaner; pulse 119, and firmer; limb swollen and inflamed: 12 leeches to be applied, and continue the lotions and medicines.

Evening—Pulse 132; feels more comfortable to night; swelling and inflammation of the limb reduced; tongue clean, and skin more healthy; bowels rather relaxed: the opiate repeated, and continue the saline mixture.

Dec. 11. Has passed a tolerably good night; pulse 119; tongue clean; skin moist; pain and inflammation of the limb reduced.

Dec. 11th. There have been no other cases of importance admitted this week. All the cases mentioned in our last are doing well, and no particular alteration in their treatment worth noticing.

CONDUCT OF THE SURGICAL CLASS AT THE BOROUGH PREVIOUS TO SIR ASTLEY COOPER'S ENTRANCE.

To the Editor of The Lancet.

Dulce est desipere.

Sir,—Your facetious Correspondent, who recommended pushpin, and a variety of other games, to the adult members of the profession, in the last week's Lancet, would, perhaps, deem his advice unnecessary, if he were to witness the scenes which take place in the theatre of St. Thomas's Hospital, during the half hour previous to the entrance of Sir Astley Cooper. Students, already so accomplished in the branches of science pointed out by your Correspondent, can need no additional instruction. What an interesting spectacle, Mr. Editor, to see a body of young men assembled for the purpose of acquiring professional knowledge, actively engaged in discharging masticated paper and apple into each other's faces; or employed in the no less intellectual occupation of twirling round the Lecturer's table, or sprinkling dirt on the heads of those who happen to sit under them! I have been educated at Edinburgh; and have attended the medical schools of our continental neighbours, and I can assure you that the students of St. Thomas's are not only far greater proficients in these accomplishments than their graver brethren of the North, but that if a student from the *Ecole de Médecine* were introduced into the theatre in the Borough, he would be compelled to acknowledge the inferior vivacity of a class of French students. Such an ad-

mission would no doubt be very humiliating, but the students in the Borough are entitled to it; *palmam qui meruerunt ferant.*

Yours truly,

EDINENSIS.

Remarks on the Extirpation of the Scirrhous Parotid, by DR. WEINHOLD, *Professor to the University of Halle.*

MR. ALLAN BURNS, professor of Anatomy and Surgery at Glasgow, gave it as his opinion that the extirpation of the parotid could not for a moment be thought of; that the operation is rendered impracticable by the anatomical relations of the gland, which is firmly inclosed between the inferior maxillary bone and the mastoid process, that it had not even succeeded with him on the dead body; and that he could prove, by anatomy, that in no situation, nor under any circumstance whatever, could any one dare attempt it.

But I have already extirpated this gland three times myself in the scirrhous state: the first time on a man called Uhlemon, manufacturer of trusses; the second on the daughter of Mr. Flachman, a clergyman; and the third time on a female, Charlotte Horn, of Piesdorf, near Asleben. In these three cases, without the operation, a painful death would have been the inevitable result; for scirrhus of the parotid, according to the eternal laws of nature, runs through its different stages with as great regularity as a planet performs its various movements; and it is a great error to believe that it will stop: the disease passes in succession through the states of induration, true scirrhus, and ulcerated cancer. During the first it is perfectly possible to extirpate the gland with the knife; in the second the ligature and caustic applications must be resorted to; in the third state it is incurable, as cancer of any other part. Science will never make any progress, if people submit themselves to be led into error by every thing that is said and written in the world. The operation has been performed; the extirpated gland is preserved in spirits of wine; every man in the profession may see and examine it at my house. I was assisted by several in the operation. Doctor Dolhoff, formerly one of my most industrious pupils, and now established at Magdeburgh, states in his German translation of Mr. Burns's work, that he was present at the two first clinical operations I performed.

What, then, was the English professor afraid of? In truth the operation, as it was last performed, endangers that great artery, the cutting of which proved so suddenly fatal, that the late Marquis of Londonderry died in the arms of his physician.

But, if we take the precaution of tying the carotid before the operation, we shall not always have to fear a paralysis of the corresponding side of the face; because an operator, otherwise skilful, produced a permanent paralysis by touching too roughly the par vagum. It appears, then, that this operation is in truth extremely dangerous, but not impracticable. When I shall have arrived at a certain age, I shall probably abstain from practising it; for, to succeed in it, the eye and

hand must be equally sure; we must know perfectly the anatomical disposition of the parts, and we must have had great practice, both on the dead and living subject. In the deep parts the finger feels the pulsation before each incision, and the bistoury must be cautiously conducted between it and the artery; care being taken not to cut at once more than two inches of the cellular tissue which joins the gland to the surrounding parts. The bistoury is the only instrument which can be depended upon; any other, not even excepting the handle of the scalpel, which has often been recommended for this purpose, is liable to tear the artery.—*Journal Complementaire, Nov.*

Prizes proposed by the Royal Society of Medicine at Bourdeaux.

Pathologists having admitted that there existed disease in which no alteration of the organic tissues could be discovered, have employed various terms to designate them. In the present improved state of pathological anatomy, accurate examinations of a great number of bodies after death have established the fact that certain diseases which have been hitherto supposed to be entirely produced by injuries of the vital functions, were in fact kept up by true organic injuries. Relying upon these recent discoveries, some physicians contend that there can be no disease without organic injury. In this state of our knowledge, the Society at Bourdeaux has considered it a favourable moment to propose to the discussion and decision of practitioners the following questions:

Do any diseases exist, in which the vital functions are alone injured, without any alteration of the organic tissues? Can these diseases be recognized and demonstrated by positive characters, and subsequently confirmed by examinations after death?

A prize of the value of 300 francs will be adjudged to the best Essay on this subject, at the general meeting in 1824.

A similar prize will be adjudged to the best Essay on the following questions, at the meeting in 1825:

Can medicinal substances be safely injected into the venous system of man? What are the medicinal substances which can be introduced into the animal economy in this manner? And what are the diseases which require this mode of treatment? —*Journal Complementaire du Dictionnaire des Sciences Medicales, Nov.* 1823.

NOTICE OF NEW WORKS.

In the early part of January 1824, will be published some Lithographic Plates of the Conformation of the Heart. By Mr. H. Searle.

A Translation of Mr. Samuel Cooper's Dictionary has just appeared at Milan. The Fourth Edition is the one translated.

Mr. Hodgson's Work on the Diseases of Arteries and Veins, has also been lately translated at Milan, by Doctor G. B. Caimi. The translator has added to the volume an Appendix, containing

some remarks on the Temporary Ligature.

Omodeo, in his Journal, speaking of this volume, says, "We have thought it unnecessary to recommend this work. Favourably received in England, it was soon translated into German and French. The Italian translation has been made from the last version, and is enriched with judicious Notes, by M. Brechet. The Appendix on the Temporary Ligature might, however, have been judiciously omitted. Signor Caimi disapproves of the Temporary Ligature; not because he has examined the facts which favour it, or which militate against it, or because he has made experiments on animals and on man; but because, in the operation for crural aneurism, performed by Signor Caimi, under the direction of Professor Palletta, although adhesion of the coats of the artery took place, a secondary hæmorrhage occurred eight days after the operation, in consequence of ulceration of the vessel. It did not occur to Signor Caimi that this accident might have been prevented, if, instead of taking away the ligature on the fourth day after the operation, he had left its removal to nature."

[*In consequence of the unusual length of the Lectures, a Review of Mr. Bayfield's Work on Cupping; Chess Problems; and an Article on Bathing, No. IV.. are unavoidably postponed till our next.*]

[*Correspondents in our next.*]

Advertisement.—The Public are respectfully informed, that the Notice of the Dissolution of Partnership of "C. Smith, R. Smith, & *H. Henley*," which appeared in the London Gazette of Saturday, the 6th instant, is incorrect; inasmuch as it ought to have been therein stated, that the said parties are, Charles Smith, of Hatton Garden, Doctor of Physic; Richard Smith, of 168, Fleet-street, and *John Creed Henly*, of the same place, Chemist and Druggist.

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THE LANCET.

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SURGICAL LECTURES,

CONTINUED.

Theatre, St. Thomas's Hospital,

Monday Evening,
Dec. 15th, 1823.

Lecture Eighteenth.

Wounds of the Brain.

Wounds of the Brain will often happen, without producing any interruption to the operations of either body or mind. But should the wound be accompanied by either compression or concussion, then the particular symptoms which characterize those injuries will be present. If, however, the wound be a simple incision or laceration, it will often prove quite harmless. Indeed, it frequently occurs that considerable portions of the brain are lost, and yet the mental and bodily functions continue unimpaired. Epileptic fits and hemiplegia certainly sometimes follow, as effects of such injuries; but, on the other hand, brain to a great extent has been lost without having been succeeded by disturbance of either the mental or bodily functions; numerous cases of this description are upon record; several have fallen under my own observation. A case similar to the following likewise came under the notice of a surgeon at Brighton. A dresser of the late Mr. Chandler once came to me when I was in the other Hospital, and said, "Look here, Sir," at the same time showing me a portion of brain, with a piece of the pia mater attached to it. I went to see this man, and found the representation of the dresser correct; there was a large transverse opening in the os frontis, through which a considerable quantity of brain had been lost. His mind was not at all affected; neither were the bodily powers in the least disturbed: no bad symptoms of any kind followed the injury; the wound healed most favourably, and he was soon discharged. About a year afterwards, while I was at the house of a lady in the city, whom I was attending, a man walked into the room, and said to me, "How do you do?" Not recollecting him, I looked at him with some sort of surprise, as you may suppose, when he informed me that he was the man whom I had seen about a year before in St. Thomas's Hospital, with a wound in the head, and through which he had lost some of

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his brain. I replied, that I could readily believe him. He stated, that he had been quite well ever since—had what he called an opening where he received the wound—was not subject to fits; and to show you that his mind (notwithstanding his familiar 'how do you do?') had not sustained damage from the accident, he was at the time I saw him, conductor of an extensive business at the house where he was then living.

It occasionally happens, when a portion of brain has been lost, that a piece of the cranium will, by being driven in, occupy its place; and if in these cases no symptoms of compression manifest themselves, you must not elevate the depressed bone; for were you to do so, you would, in all probability, give rise to extravasation, or increase the hazard of inflammation. The late Mr. Chandler had a patient in this Hospital who, on receiving a blow from a boat-hook upon the parietal bone, had a portion of that bone driven into the brain, and at the same time a quantity of the brain was lost; at first there was hemiplegia: this effect, however, soon disappeared. The depressed bone was permitted to remain, and the individual perfectly recovered.—Such cases are not uncommon, and I could relate a number of them to you.

The danger attending injuries of the brain arises principally from two causes; viz. inflammation, and the formation of fungus. 1st, Inflammation, and 2d, Fungus; but I am happy to tell you, that both of these may be conquered by scientific and prompt treatment. When the brain receives a wound, you must commence your curative exertions by abstracting as large a quantity of blood from the system as the constitution of your patient will bear; not, however, to such an extent as to prevent the restorative operations of Nature. Do not lower the system to such a degree as to prevent inflammation altogether, as was done by the dresser in the other Hospital, whose partiality for bleeding I mentioned to you a few evenings since. Well, though you succeed in keeping down inflammation, yet fungus will spring up; and here (exhibiting a preparation) you have an opportunity of seeing an example of the disease to which I allude. Sometimes wounds of the brain extend even to the ventricles, and here (showing another preparation) you observe that one of the lateral venticles was laid open.

Now, Gentlemen, some days after the brain has been wounded, the divided parts begin to unite by means of the adhesive inflammation; if this process cannot effect a cure, granulations form, which at length project through the opening in the skull, and give rise to the fungus before mentioned. Upon proper treatment the safety of your patient depends. If you do not repress the growth of the fungus, there will be violent constitutional irritation, and the life of the person in jeopardy; but, on the contrary, if you attend to the condition of the wound, and prevent the fungus from rising, there will, comparatively speaking, be but little danger.

Well, Gentlemen, the treatment is as follows: You are to apply to the fungus a piece of lint, wetted by liquor calcis; and over this, strapping of adhesive plaster;

when you examine the part on the following day, you will find the fungus considerably diminished; you are then to use a thicker piece of lint, and the strapping as before; pursuing this plan, you at length get the fungus to the level of scalp; but this is not sufficiently low for your purpose, therefore you must still thicken the lint until you have succeeded in getting it even with the edges or the dura mater, in which position it must be cautiously preserved; when, at last, the dura mater heals over it, and your object is accomplished. We witness many examples of such cases in these Hospitals. Formerly it was the practice in the treatment of these diseases to remove the bone contiguous to the fungus; immense quantities of bone in this manner were taken away, thereby affording every facility to the growth of the fungus, and which, of course, rapidly increased until the patient became destroyed. By such treatment as this, no person could possibly recover; the method was a most injurious and stupid one, therefore let me caution you against adopting it. The plan of treatment which I have just recommended to you, is unquestionably the best: viz. that of repressing the growth of the fungus until the dura mater heals over it.

I shall now speak more particularly of the inflammation which follows wounds of the brain, and it is here wherein the chief danger consists; which danger is much increased, if the dura mater be the part attacked. Upon the first approach of inflammation, the person complains of great pain in the head; very quickly gets into a comatose state; and when roused from this condition, the pain becomes excessive; the scalp, round the external wound becomes œdematous, for if you press upon it, the impression of the finger is retained; the edges of the wound have a shining glassy appearance, and from the wound itself is discharged a fluid, composed of blood and serum; sometimes the parts about the wound have a sloughy appearance; the countenance very much flushed, and the carotid arteries, beat with very great force; so much so, that if his shirt collar be open, you can see the pulsation of the carotids, at some distance from the bed; this circumstance, of itself, would be quite sufficient to convince you that there was a great determination to the brain. The next thing which you observe, is, that the patient is seized with rigors, and these follow in very quick succession; hemiplegia likewise often attends, and is generally situated on that side of the body opposite to the wound; the patient remains in a comatose state, but when roused, will give you (until towards the very last,) rational answers to such questions as may be put to him. These then are the ordinary symptoms of inflammation of the brain, arising from wounds of that organ.

If the inflammation should terminate in suppuration, I have already shown you in a former Lecture where the matter would be situated, viz. between the dura mater and skull (this rarely happens), pia mater and tunica arachnoides, pia mater and surface of the brain, and lastly in the substance of the brain itself. When

pus is situated between the dura mater and skull, trephining for its removal would be attended with complete success; but the chances of finding it there are against you, as it is generally situated between the pia mater and surface of the brain, for which an operation would prove worse than useless. Another situation in the head where matter has been found is in the longitudinal sinus of the dura mater. This woman, (holding up a preparation) seventeen months before she died, fell down stairs, and her head went in violent contact against a chest, by which she became stunned; for some time after the fall, matter was discharged from one of her ears; this at length ceased, and, to all appearance, she was entirely well. The pain, however, again returned with evident symptoms of compression; and sixteen months after the accident she was admitted into this Hospital. After some remedies had been fruitlessly tried, and she had been here for a short time, it was thought advisable to apply the trephine; the operation was unsuccessful, and four days afterwards she died. Upon examination it was found that there was a small quantity of pus embedded in the longitudinal sinus, as you here see it (exhibiting the preparation). This is the only example of the kind which I have witnessed.

The next part in which matter is situated is between the tunica arachnoides and pia mater, or between the pia mater and brain itself. This last is of most common occurrence, and in this case the matter is diffused over the hemispheres of the brain, in the same manner as, I mentioned to you the other evening, blood is when extravasated on that organ. When the matter is between the pia mater and brain, it will be of no use to operate, as very little will be discharged, there being no communication between one part and another; for the matter is contained within distinct cells, between the vessels which come from the pia mater to the brain. The next situation in which matter is found is in the substance of the brain itself. Here are specimens (pointing to some on the table,) in one of which matter was lodged in the anterior lobe of the cerebrum, the other in the cerebellum; in fact, it is lodged in various parts, and the only circumstance very curious in this complaint is, that you would not suppose, from the symptoms, that matter was forming; they are those of compression rather than irritation. If the membranes of the brain be attacked with violent inflammation, symptoms of irritation will be present; but if the brain itself, they will be those of compression; and the circumstance which surprises a person who examines the brain of an individual in which matter has been formed is, that so little constitutional irritation existed during its formation; it is in inflammation of the membranes, and not of the brain itself, in which great irritation is present. Here is a curious specimen, (pointing to one before him,) taken from a child that I had under my care, and on whom I performed the operation of trephining; I will give you the history of the case: A young child was playing in a yard where there were some fowls, when it received a wound on the head from the beak of a cock. The mother hearing

the child shriek, ran to the spot and found that there was a small wound of the scalp, and thinking that there was no injury to the brain, she bound it up; but a week afterwards pain in the head came on, together with great constitutional irritation, and the child was brought to me. On examining the head I found that a circular incision had been made in the bone, and that matter issued through the opening; I said to the mother, If the child is not better against to-morrow, bring it to me again, and I will allow of a more free opening for the matter to discharge itself. The next day the child was brought to my house, and I performed the operation of trephining, when I found that there was an opening in the dura mater and pia mater, corresponding to that of the bone; the symptoms of irritation were relieved by the operation, those of compression however came on, and in three days from the time in which it was performed, the child died. On examining the part after death, I found that there was a circular incision in the dura mater, the edges of which were hardened and thickened, as you see here, (pointing to the very part) a similar state of the pia mater and brain, in size corresponding to the external opening, and an abscess between the pia mater and brain; at that time I had no idea that a wound of the description I have just mentioned could be produced by a bird of this size; but, since that period, I have seen an instance of a similar kind; a pheasant, not an English, but an Indian one, made a dart towards the eye of a person, and, instead of striking it, wounded the os malæ; the bird, by means of its beak, struck a hole into the superior maxillary bone just below the zygomatic arch.

The time at which inflammation of the brain supervenes after the injury received is generally about a week, rarely under that time; and this it was that led me to say, on another occasion, that inflammation of the brain was more slow in its occurrence than that of any other organ, in order to put you on your guard; it often happens that inflammation of the brain does not come on till a fortnight or even three weeks after the injury; therefore every surgeon who has writtten on the subject puts you on your guard as to the distance of time this complaint comes on after the accident; he tells you that the patient is not safe till two or three weeks afterwards. If you read the works by Mr. Pott on the injuries of the head, you will find the circumstance mentioned; and in the work of Mr. Dease, of Dublin, (who has published an excellent treatise on the subject) it is distinctly stated, that inflammation of the brain is occasionally postponed to three or four weeks after the accident occurs, and even then the patient is not always safe; I will give you a case relating to this subject:—Dr. Babington and myself were sent for to see a person, a clerk to the firm of Whitbread and Co., who, whilst riding on horseback, struck his head against the branch of a tree; he being a short sighted man, and riding fast (here the learned Professor was interrupted for a moment by the fainting of one of the students) struck himself violently against a bough of the

tree which was overhanging the road, and was brought to the ground by the force of the blow. He was taken to Croydon, where Dr. B. and myself visited him. We found that he had been struck on the os frontis, just above the frontal sinuses, where there was a depression; and this was the first case in which I witnessed emphysema of the forehead produced by blowing the nose. We took all possible care of the case, bled him, regulated his diet, &c. till the inflammation had subsided. He came to town three weeks after the accident, when he asked whether he might go to Rochester, to spend a little time with some friends, who were anxious for him to come; we told him that he might, if he would pay attention to himself, keep his bowels open, and regulate his diet. After the lapse of a week he became extremely ill, inflammation of the brain came on, and he died. On inquiry we found that he had neglected the directions given him, and allowed his bowels to get costive. It is always a very serious case when there is a depression on the forehead after an accident, and I will mention to you an instance of this kind which will show you the necessity of enjoining on a patient with this injury strict attention to his mode of living: A man who had received a wound in the forehead from a pistol-shot came to this hospital; the wound healed kindly, but the depression remained. Whenever this man indulged in the use of spirituous liquors, he used to come back with violent pain in the head, which was always relieved by blood-letting.

As to the treatment of inflammation of the brain, it is the same as for inflammation generally, with this exception only, that blood should be drawn from the temporal artery in adults, and the jugular vein in children. Whenever inflammation of the brain attacks a grown up person, take blood from the temporal artery; and when young individuals, from the jugular vein; by these means you abstract blood more readily from the part; even in adults you may, after opening the temporal artery, if the symptoms be not relieved, bleed from the jugular vein; in addition to this treatment you purge, produce perspiration, and apply blisters to the head. I have seen poultices, containing some stimulating application, of considerable use. It will now and then happen that trephining will be required, and I will tell you the cases in which it will.

1. Where there is extravasation of blood between the dura mater and skull.

2. In simple fractures, with depression and symptoms.

3. In compound fractures, with depression, if unaccompanied with symptoms.

4. It is required sometimes that an opening should be made in the cranium, when there is matter between the dura mater and skull.

Now it generally happens in these last cases, where there is matter between the dura mater and skull, that there is fracture, and this is an indication that some iujury has been done to the brain, when it is also followed by rigors and other symptoms; still it would be right, in some cases where there was no fracture, and the other symptoms, rigors, &c., were present, to penetrate the bone, to see whether matter is lodged between it and

the dura mater; and this is the only case in which it is proper.

The operation of trephining used to be one of the most complicated kind, requiring several instruments, the learning of which was in itself quite a study: it is quite simple, and few instruments only are wanted, which can very easily be put into a small case. Let us go over the instruments formerly used in this operation; but really, Gentlemen, they were so numerous, I don't know whether I can count them. (*A laugh*) They used then, a scalpel, rougee, pin, perforator, crown, brush, elevator, lenticular, and a pair of forceps; now you may see (holding a case in his hand) these three instruments will be quite sufficient, a knife, with a double edge, in order to scrape off the pericranium, an elevator, and a trephine having a crown and saw, and a pin which will allow of being easily moved. Now, Gentlemen, I will tell you in what parts the trephine should not be applied. First, you should never trephine in the line that extends from just above the nose along the top of the head to the tuberosity of the occiput; over the frontal sinuses, it is obviously improper; and at the summit of the head you will meet the sagittal suture, where the dura mater adheres with extraordinary firmness, and the longitudinal sinus might also be wounded; and at the posterior part you have the superior portion of the perpendicular spine of the os occipitis; therefore, in this line you ought not to trephine; I should mention this particularly to young persons who very often disregard this rule, and think that they know so much better than those who have preceded them; if, however, they trephine in this part, the more fools they, and I will tell you why: he is running, in operating in this part, an unnecessary risk, by cutting on a long hole covered over by a smooth membrane, when he might do it as well on either side; it would be the folly of presumption to trephine on this line. There are two other parts in which the operation of trephining should not be performed; first, over the anterior-inferior angle of the parietal bone, just above the zygoma; secondly, behind the ears, on the posterior-inferior angle of the same bone; and why? no doubt most of you by this time know; opposite to the anterior-inferior angle of the parietal bone is the great artery of dura mater, and opposite to the posterior-inferior angle is the great lateral sinus; fractured portions of these bones may be raised by the elevator, and I may observe here, that this is the instrument chiefly used in cases where the fractures are running in the direction of these parts. Mr. Hey's saw, of Leeds, is a very useful invention. It is gratifying to state that we are seldom now called on to perform this operation. Suppose, however, you were called to a case requiring it, where there was a wound, together with depression of the parietal bone, you would put your finger into the wound, and if the portion of bone depressed were small, you would make a simple incision, and turn the integuments aside to give room to reach the bone; if by this incision you found that there was depression with fracture, you enlarge it in the course of the fracture; if the depression was large you would make a crucial incision,

and turn aside the portion of integuments so as to open a space for the application of the trephine; then, with the back edge of the knife (which should be made a little stronger) you cut through the pericanium, and scrape it off; for this purpose the rougee was formerly employed. (There was a subject on the table, on which Sir Astley performed the operation as he went on describing it.) Now I put the pin on the skull, and the crown being adjusted, I fix it, and begin the circle; well, Gentlemen, having made a circle, I remove the pin; in young persons it will be necessary to do this soon, because the bone is readily sawn through. I never myself saw a case in which the pin entered the brain; but my nephew was present when the operation of trephining was performed, and *the pin was forgotten*, so that it entered the brain, and inflammation of the dura mater came on. I can conceive, that a man in his first operation, anxious how he shall succeed, might forget it. When using the saw let your bearing on it be as even as possible, else you will be through one part of the skull before another; there is but one danger in performing the operation of trephining, and that is, wounding the dura mater. When trephining on living subjects you are informed of the progress you are making by blood issuing from the wound when you reach the diploe, and when you see the blood you will know that you are half through; but, recollect, in very young and old persons there is no diploe, therefore, very few turns of the saw will do. As you proceed with the sawing, you must introduce your probe to see how near you are through; you sound as you go on. When I find that I have sawn through in one part, I introduce the elevator and lift the portion of bone, the parts not cut through being easily broken. I find by my probe that in the part near the sagittal suture I have sawn through; I introduce the elevator, feel the bone move, and know that a very few turns will do, taking care not to lean on the side through which I have already sawn. The bone can be raised and loosed; I am quite certain that the dura mater is not injured, and by introducing the elevator, the bone may be removed from its place. (Here the operation was completed.) Some people say that this is a trifling operation, not difficult to perform, nor dangerous, but they deceive you; it is one of the most dangerous operations in surgery;—whilst performing it there is but a single step, a small net-work between your patient and eternity, saw through this, and destruction of life will generally be the consequence. Mr. Hunter made an assertion, viz. that when the dura mater was wounded, the person never recovered; which, though not exactly borne out by the cases which have occurred since, show the impression made on the mind of a man who was such an observer of nature. Before his death, Mr. Hunter saw a case of a wound of the dura mater recover. It is certain that there is less danger when the dura mater and pia mater are both injured: the danger is more when the dura mater is injured without the pia mater—I will tell you the reason: in the former case where both the dura mater and pia mater are

wounded a fungus immediately projects, and fills up the cavity. If, however, there is only a small opening in the dura mater and I were to put some quicksilver into it, where would it go?—into the lower part of the spine between the tunica arachnoides and dura matral covering; inflammation of the dura mater would spread over the whole cavity of the canal, as erysipelas does over the surface of the body; whereas, in the first kind of injury, fungus will project through the opening, which would easily close by the process of adhesion that would take place. I have seen many instances where the dura mater and pia have been wounded, but few where the dura mater only has been.

After trephining, the elevator should be introduced to raise the depressed bone, and in this way return it to its natural situation. You see that there is no necessity to operate where there is any risk, because an operation in a part where there is no risk can be as well performed.

Theatre, St. Thomas's Hospital,

WEDNESDAY EVENING,
Dec. 17th, 1823.

LECTURE NINETEENTH.

Of Wounds of the Scalp.

ON this subject I have but few observations to make. Wounds of the scalp are not devoid of danger, and I have known several instances in which, apparently slight wounds in that situation have occasioned destruction of life. They are more especially dangerous if accompanied with contusion. If a person receive a blow from an instrument capable of lacerating the part, and considerable inflammation follows, the wound will sometimes destroy life. There are two ways in which wounds on the scalp occasionally prove destructive of life; first, by producing erysipelas, and secondly, by producing inflammation of the tendon of the occipito-frontalis.

A man came a short time ago to the other Hospital with a wound of the head from a blow which a companion had given him. The dresser thought it too slight a case for admission into the Hospital; but a few days after, the man returned with violent pain in the head, a considerable swelling of the scalp, erysipelatous inflammation extending over the whole face and neck. He was admitted into the Hospital for the erysipelatous inflammation, of which he afterwards died. Upon examination of the body, it was found that there was an effusion on the membranes of the brain between the tunica arachnoides and the pia mater. The other way in which wounds of the scalp destroy life is by producing inflammation of the tendon of the occipito frontalis, which extends over the whole surface of the head. This inflammation extends over the scalp and face, and assumes an erysipelatous character, but it is not true erysipelas. It has not the vesicles or blisters filled with serum, which commonly attend erysipelas, but it has a tendency rather to suppuration; and if the consti-

tution has strength to produce this suppuration, it takes place between the tendon and the pericranium. In this way a very extensive abscess is often formed, into which we are obliged to make an incision, in order to discharge the matter, which cannot make its way through the tendon. Extensive disease is thus produced, and the inflammation attending it sometimes destroys life. I have already alluded to a case that occurred recently, in which a person died of erysipelas, which followed the removal of an encysted tumour. The tumour had been removed twice before, and to prevent its recurrence, an incision was made so deep as to lay bare the pericranium, and in this operation the tendon had been cut through. There is a great deal of danger in inflammation arising from this cause, and it is on that account that I was anxious to point out to you, in a former Lecture, the impropriety of making incisions in the scalp, merely for the sake of exploring the nature of the injury. An incision in the scalp is often attended with considerable hazard, and should never be made unless imperious necessity demands it.

Of Injuries of the Spine.

Injuries of the spine produce effects similar to those arising from injuries of the head; the spine is liable to concussion, extravasation, and fracture with depression.

Cases of concussion of the spine, are not very unfrequent. They occur more frequently in the lumbar region, than in other parts of the spinal column. A violent blow on the loins, produces paralysis of the lower extremities. The paralysis, however, is not complete; the person is unable to support his body, but, he has generally some power of moving his limbs remaining. This paralytic state, arising from a blow on the loins, is in general easily removed in the following manner. You apply cupping glasses to the part, and take away blood from it several times with the scarificator. If at the end of a week or ten days, the paralytic state still continues, you must apply a blister to the loins, and keep it dressed with equal parts of the unguentum lyttæ, and unguentum sabinæ.—The lytta being in this way absorbed into the constitution diminishes the disposition to paralysis, while the counter irritation also produces good effects. Such is the plan of treatment to be pursued in cases of concussion of the spine. With repect to extravasation on the spine, the examples are but few in which this has occurred. The cases which are more particularly impressed upon my mind, are first, one which was examined in this Hospital by Mr. Henry Cline. A person received a severe blow near the cauda equina, by the last dorsal vertibra. He had paralysis of the lower extremities, and shortly after died.

The second case was one under Mr. Heaviside, in which I and Dr. Baillie, were also consulted. A young gentleman was swinging with a party of boys, when one of his companions pushed him off, that he might rise as high as possible, while two others ran in the opposite direction, and caught him in the neck with a rope, as

he descended. He was thrown out of the swing, and when he was taken up, was found to be paralytic in the lower extremities. He soon became paralytic in his upper extremities also, and a few weeks after he was brought to town in this state. It was suspected that there was some disease of the spine, produced by the injury the neck received, when the rope suddenly caught it, but no deformity could be discovered. An issue in the neck was advised, with a view of producing counter-irritation; but before this plan could be carried into effect the boy died. On examination of the body, it was found that one of the vertebral arteries had burst, and that extensive extravasation had taken place from the foramen magnum to the sixth cervical vertebra. The whole sheet of the spinal marrow was covered with blood. Mr. Heaviside has a beautiful preparation made from this case. These cases probably admit of no remedy, where the extravasation is considerable. I do not know what can be done, except to bleed in the first instance, in order to prevent further extravasation; and afterwards to promote absorption, and excite counter-irritation by the application of blisters. I mention these cases to you as worth knowing, that you may make your own observations on them when they occur, rather than as cases about the treatment of which much is understood in the present state of our knowledge. They are of too rare occurrence to enable us to lay down any positive principles as to the mode in which they are to be treated.

Fractures with displacement of the spine, are by no means unfrequent: they have been improperly called dislocations; but dislocations of the spine are extremely rare, and only occur in the cervical vertebræ. What are called dislocations are, in fact, fractures with displacement. It is not that one vertebra is separated from another, for this very rarely happens, and only in the cervical; but that the vertebra is broken through. When fracture with displacement of the spine occurs, paralysis takes place in the parts of the body situated below the injury. If it occur in the loins, paralysis of the lower extremities follows; the power of retaining the fæces, and of expelling the urine, is lost. When the injury occurs in the dorsal vertebræ, there is paralysis of the lower extremities; the same loss of power in retaining the fæces and expelling the urine, with this addition, that it is accompanied with considerable inflation of the abdomen. This inflation might lead the surgeon at first to suppose that there was some rupture of the intestines; but after a few hours, when the patient has had three evacuations, this inflated state of the intestines disappears. The inflation is produced by the great secretion of air into the intestines, in consequence of the diminished powers of the part.

When the injury occurs in the lower part of the cervical verbebræ, paralysis takes place in the upper as well as the lower extremities, though not in the same degree. There is a numbness of the upper extremities, but seldom such a degree of paralysis as to deprive the patient of all power, when the injury occurs below the fourth cervical. The time in which the per-

son dies from these injuries varies according to the seat of the accident. If it occur in the loins the patient will generally die in from five to six weeks; if the displacement be very considerable he may die in three weeks; on the other hand, when the displacement is slight the patient may live many weeks and even months. I have known a person live two years after an injury which was supposed to be a case of fracture, with displacement of the lumbar vertebræ. As there was no examination of the body after death, in the case to which I allude, some doubt must necessarily exist as to the exact nature of the injury; for morbid anatomy can alone teach you the real nature of disease. When fracture with displacement occurs in the dorsal vertebræ, the patient generally lives a much shorter time; though even in this case I have known a person live nine months. A person in the city named W. riding on Epsom downs at full speed, came to a road which led to a chalk or gravel-pit, and finding that he could not stop his horse, he put spurs to him to endeavour to clear the pit. He succeeded in doing this, but, the horse in consequence of the effort, fell on the opposite side, rolled over him, and broke his dorsal vertebæ. Paralysis of the lower extremities followed, but this gentleman lived four or five months after the injury. When fracture with displacement occurs between the fourth and seventh cervical vertebræ, the patient generally lives from four to five days. I have known a person die as early as forty-eight hours after the injury. If the injury occur between the second and third, or between the third and fourth cervical vertebræ, the person dies on the instant.

Those who have attended in the dissecting room can readily explain how this happens, and would, perhaps, feel themselves insulted if I were to explain it to them. Those who have dissected less will excuse me for saying that instant death ensues in this case, because the injury occurs above the origin of the phrenic nerve, which is the only agent in supporting respiration after pressure on the spinal marrow. The function of respiration after pressure on the spinal marrow, is supported by the diaphragm only, and when the fracture with displacement occurs above the origin of the phrenic nerve, the diaphragm loses its power, and instant dissolution is the result.

But it sometimes happens that the cervical vertebræ are broken without displacement. When this occurs, some curious circumstances take place. At the time I lived with Mr. Cline, the following case occurred:—A girl received a severe blow in the neck, and after this it was found, that, whenever she attempted to look at any thing above her head, she was under the necessity of putting her hands behind it, and gradually elevating it to the object. When she wanted to look at any thing beneath her head, she put her hands under her chin and lowered her head to the object. If any other child in play ran against her and shook her body, the concussion produced uneasy sensations, and she would run to a table, or any place on which she could rest her head, and support it with her hands under her chin until the

agitation produced by the shock had subsided. The child lived twelve months after the accident. On examination of the body after death, Mr. Cline found the atlas broken through; there was a transverse fracture of the atlas, but no displacement. When she endeavoured to raise her head, the dentiform process quitted its natural situation, and carried back a portion of the atlas; when her head inclined forward pressure was produced upon the spinal marrow, as it was likewise when the body was agitated. This is a curious instance of fracture occurring in the cervical vertebræ without displacement. With respect to the treatment of fracture, with displacement of the spine, nothing has hitherto been effectually done in surgery. Mr. Henry Cline was the first person who attempted to give relief in this accident. Being an excellent anatomist and a most able surgeon, he saw no reason why cases of this kind should not be treated as cases of fracture with depression of the skull. Accordingly he cut down upon the arch of the spinal marrow, where the compression was greatest, and with a small trephine of his own invention he sawed through the arch of the spinous process, and took off the pressure on the spinal marrow, by raising the depressed portion of the arch. It is well known, that in cases of fracture where the displacement has been slight, union of the bone has been produced. There would be no difficulty in producing this union, supposing the pressure on the spinal marrow to be removed. There is a preparation in Mr. Brookes's collection, from a case of fracture with depression, where the person lived long enough for the fracture to be united; and in the College of Surgeons, there is a preparation presented by Mr. Harold of Cheshunt, from a case where union of the bone took place after fracture with displacement. There is no danger, therefore, as to the restoration of the arch of the spirous process, if the pressure on the spinal marrow could be removed; and it was with this view that Mr. Cline sawed through the arch. It is right, however, to mention, that in many of these cases the spinal marrow is itself torn through. In some cases of fracture, with displacement, it is completely torn; in others partially, and in some not at all. In cases where it has not been torn, there would be hope from such an operation; and it was in these cases that the operation has been performed. Mr. Tyrrell has attempted the operation since Mr. Cline, but both cases have terminated unfavourably. Whether future experiments may be attended with better success, it is impossible to say. The proposal was plausible; the operation was easily performed, and as to the result, if the spinal marrow were not torn, there seems no reason why a person should not recover after such an operation. We are obliged however to speak doubtingly on this subject, since the first experiments have been unsuccessful. If you could save one life in ten, aye, one in a hundred, by such an operation, it is your duty to attempt it, notwithstanding any objections which some foolish persons may have urged against it. Suppose any one now present were in

this state himself; suppose him put to bed with a paralysis of his lower extremities, and fully acquainted with the inevitable result if nothing were done; would he not be glad to have any attempt made to save him? Would it not be foolish and unmanly to say, he would rather die than have such an attempt made? The operation is not severe; it cannot add to his danger; and as to the pain, no man who *is* a man, would regard it. In the two cases in which the attempt was made, the operation did not shorten life; on the contrary there is reason to believe that it prolonged it. You will be justified, therefore, in making the attempt. Though I may not live long enough to see the operation frequently performed, I have no doubt that it will be occasionally performed with success. There is no reason why it should not; and he who says that it ought not to be attempted is a blockead. (*A laugh.*)

I shall now proceed to describe to you Aneurism.

Aneurism is a pulsating tumour containing blood, and communicating with the interior of an artery. There is one exception to this definition, namely, where aneurism, as it sometimes happens, takes place in the heart.

Aneurisms are situated either externally or internally; that is, they are either so situated on the limbs as that access may be had to them, and the nature of the disease clearly ascertained, or they are so placed in cavities of the body, such as the abdomen, chest, and cranium, as to render the nature of the disease very often extremely doubtful. With respect to external aneurisms, the symptoms may be divided into three stages. When you have an opportunity of examining aneurism in its early stage you will find a small tumour pulsating very strongly—much more strongly than in subsequent stages; for it may be taken as a general rule that the force of the pulsation is in the inverse proportion of the size of the aneurism. When an aneurism is first formed it contains only fluid blood; and if you apply your finger to the artery between the aneurism and the heart, you will readily empty the aneurismal bag by the pressure. In this state there is scarcely any pain; and no other alteration in the limb than some irregularity of circulation producing spasm in the muscles; and when the patient is going to rest, cramps in the legs, and sudden twitchings which prevent him from sleeping. The next state in which we find aneurism is, when the blood is beginning to coagulate in the interior of the sac, the coats of which are very considerably thickened. At this time, if you press on the artery you may empty the sac in part; you will see the swelling re-produced when you take off the pressure. You cannot completely empty the bag by pressure, for a considerable degree of the swelling will still remain. There is some degree of pain in the limb below in this stage of the disease in consequence of the size of the swelling and the pressure of the surrounding parts. The aneurism becomes a solid swelling, instead of a mere bag containing fluid blood, and the circulation becomes retarded by the pressure on the surrounding parts.

In the next stage the aneurism has acquired considerable magnitude, and the pulsation is in a great degree lost. Pulsation may be observed in some one part opposite to the opening from the artery, but it is seldom perceived over the whole swelling. A small portion of the blood still continues in a fluid state, but the greater part of it is filled with coagulum. In this state, if the aneurism be behind a joint, the motion of that joint becomes impeded. Popliteal aneurism is one of very common occurrence; there is an enlargement behind the knee, just at the bend of the joint, with a pulsation; the foot and leg of that side are swollen; the swelling gradually increases, and the aneurism becomes of a dark colour; inflammation of the cuticle covering the sac ensues, vesication of cutis to the size over of half a crown takes place, and the skin in this part is quite insensible. In a few days an eschar is formed, the bag opens; bleedings, one after another, take place, and the destruction of life is the consequence. What you read in books respecting the mode in which death is produced in these complaints is that the sac bursts, and the patient is destroyed by the sudden gush of blood; but, I tell you, Gentlemen, it is no such thing; it is not from the sudden bursting of the aneurismal bag that the person dies, but by repeated bleedings from the part; at first the bleeding is small, but as the eschar increases, and the separation of the parts take place, it becomes more; the wound is produced by means of the sloughing process, like a slough in any other part, and an opening is formed which leads into the aneurismal bag. At the commencement the wound is small, and blood issues from the part; lint is applied to the wound, and the hæmorrhage is stopped; but as the eschar proceeds, and the size of the wound increases, the hæmorrhage returns; and thus, by repeated hæmorrhage, destruction of life is produced, and not by any sudden discharge of blood from the sac; it is not in aneurism of the extremities only that death thus takes place, but in aneurisms that occur internally; in the chest for instance, the same circumstances happen as I have just mentioned. Aneurisms, if not operated on, are not always destructive of life. I have seen gangrene of the foot and leg, as far as the knee, from aneurism, take place, without destroying life. I saw a case where the foot and lower part of the leg became gangrenous in a man labouring under popliteal aneurism; they sloughed off; amputation was performed just above the ancle, and the patient recovered. Destruction of life then takes place in aneurism from repeated hæmorrhage and gangrene; gangrene of a small part of the limb in aneurism may occur, and still be remedied by means of surgical aid.

The history of internal aneurism is different from that of the external. I will describe it to you in a few words, though the subject is by far too ample to be properly treated of at present. I mentioned to you just now, in the definition that I gave you of aneurism, that there was an exception to it, and that was the heart itself when the subject of

aneurism. Here is an aneurism (*pointing to one on the table*) of the heart; this and two others are all that I have ever seen; for what are often called aneurism of the heart are not really so; they are a simple dilatation of the ventricles. An aneurism of the heart consists of a bag formed out of the parietes of that organ, and in this bag an opening is formed, as in the aneurisms that take place in arteries. In this specimen there is a bag formed of the parietes of the left ventricle, considerably larger than an orange, together with an opening which communicates with it. The other instances which I have seen of aneurism of the heart are the following. A soldier of the Guards had committed some offence, for which he was severely flogged; being a determined fellow he resolved on not crying, and whilst he was receiving the punishment he held his breath; a short time after this he was seized with violent pain in the chest. Mr. Palmer, surgeon to the Guards, was sent for, and he found him dying, as he thought, of ascites and œdema of the lower extremities. He soon died, and on examination it was found that there was an aneurism of the left ventricle, which had burst; as the pericardium was very much distended with blood. Mr. P. of Chichester, surgeon to the Militia, was sent for, to see a man who had symptoms of diseased heart and intermitting pulsation; he had also ascites and œdema of the lower extremities. This man died, and there was found an aneurism of the left auricle. A curious circumstance in this case was, that the blood had insinuated itself into the coats of the left auricle; the aneurism was of the size of a walnut, its coats had given way, and Nature, as it were, unloaded herself. These three cases of aneurism of the heart are the only ones that I have seen.

Aneurism of the ascending aorta just at its commencement, where it is covered by pericardium, is not of uncommon occurrence. Here are two examples of aneurism in that situation (pointing to the specimens on the table) of the size of a walnut; they had burst into the pericardium, which, on examination, was found filled with blood. I will give you a singular case, in order to put you on your guard, as you must expect to meet with thorns as well as flowers in the profession. A man was brought to the other Hospital labouring under popliteal aneurism; I told him he must submit to an operation, in order to have the principal artery of the thigh secured; he sat down on the table, and was placed in the usual position; before I had quite reached the sartorious muscle, I saw him stretch himself on his back, and perceived urine coming from the penis. I immediately said, this is more than the expression of pain, and the apprehension of danger: he got up, made a gasp. I took out a lancet, opened a vein, but no blood came. I then tried to obtain some from the jugular, but in vain; in three minutes he was quite dead. I said, Gentlemen, as you have seen the death, you shall see the examination. He was conveyed to the dead-house; and the next day I opened the chest, and found the pericardium distended with blood, containing from a pint to a quart; and at the beginning of the aorta,

just above the valves, there was an aneurism of the size of a walnut, which had burst. It is well that in this case the ligature was not applied, or the principal vessel divided, else the surgeon would probably have had the credit of killing the patient. I mention this case, to put you on your guard, that you should never operate for aneurism till you have ascertained whether there be one situated in any other part; for it frequently happens that aneurisms attack several parts at once. This I know, that a man came into this (St. Thomas's) Hospital, with popliteal aneurism; and the operation was about to be performed, when, on account of a pain in the abdomen, it was postponed. Before the next operating day he had died suddenly; and, on examination, there was found an aneurism between the two emulgent arteries. Well then, before you operate for aneurism see whether there be pain in any part, and a feel of pulsation.

MEDICAL REVIEW.

A Treatise on Practical Cupping, by Samuel Bayfield, 12mo. pp. 176, E. Cox & Son, *Borough.*

Students, while completing their surgical education in London, seldom devote any portion of their time or attention to the more common operations of surgery; but, attracted by the reputation they see attached to the higher operations which it often falls to the lot of their preceptors to perform, they culpably allow almost every opportunity of improvement in the former to pass by without availing themselves of it; a circumstance which too many have occasion deeply to regret in after life. The volume before us treats of one of those operations which, though it possesses so little attraction for the generality of students, is not on that account the less important for them to be acquainted with; and for their instruction this Treatise is expressly intended. The author is an individual well known for his skill in the art of cupping, therefore we expect to find in this work matter that will interest and instruct those for whom it is particularly written. After making some introductory remarks, Mr. Bayfield gives a short account of the origin and progress of the art of cupping, from the earliest period up to the present time; but as there is nothing not already well known related in this history, we shall proceed to the next part of our author's subject:—the manner in which the operation should be performed, and a description of the instruments at present used in its performance. The cupping apparatus now in general use in this country consists of a scarificator, glasses or cucurbitulæ, and a torch or exhausting lamp. The following is the description given by our author of the scarificator.

"This is an appellation by which the lancets and their containing spring-box is designated. The external form of this is so generally known as to need no description; nor is its figure of much consequence; perhaps the octagonal shape is handled with the most facility. It is generally fitted up with two rows of lancets, of five in a row, which act in the

same direction from left to right. An alteration has, however, been made in the construction of this instrument, known by the name of '*Fuller's Improved Scarificator*,' the peculiar property of which is, that the *two* rows of lancets move in *contrary* directions, performing their half rotatory motion on the axis of the pinions, from the centre to the circumference. These pinions can be removed from the box for any purpose necessary; but principally, that the lancets may be sharpened or repaired. A screw in the centre of the box, to which a knob is affixed at the bottom, allows the plate at the top, through which the lancets pass, to be either elevated or depressed, so as to give the lancets any length that is thought proper." Page 97.

This is the scarificator to which our author gives the preference; in fact, he states, that he uses no other.

The cucurbitulæ, or cups, are the vessels placed over the scarifications, immediately after the incisions have been made; glass ones are those now employed: concerning these, Mr. B. says:—

"The glasses which I use are of three series; of each of which there are three in number. Those of the first series are three inches in diameter, and the same in depth, with a *flat* rim, measuring about one-eighth af an inch wide. Those of the second series, measure two inches and a quarter in diameter, and three inches in depth. The third and smallest size are two inches in diameter, and two and a quarter in depth. These glasses are contained (for the purpose of being rendered portable) in a cylindrical case, nine inches in length, and about four inches in diameter; each glass is enveloped in a flannel bag that renders it secure from being broken, which their jarring together might occasion." Page 100.

The size of the glasses must vary according to the part on which they are to be applied; thus behind the ears, and the angle of the jaw, on the forepart of the neck, on each side of the trachea, on the temples, and various other parts of the body, they must be of a small size and oval figure. Our author thinks glasses of a small, in many cases, preferable to those of a large diameter; and his observations respecting the size of the rim proper for the cupping-glasses, are entitled to attention.

"It will be right here, (says Mr. B.) to make a remark respecting the rim proper for cupping-glasses in general. It should be broad and flat, instead of being thin and rounded, as it usually is. The thin edge, if the part to which it is applied happen to be irritable or tender, or if it be placed over an inflamed viscus, occasions a good deal of pain; besides which, it produces such a degree of indentation in the skin around the fracture, as to cut off all communication between the vessels beyond the area of the cup, and those within it; and if a cup of this construction be used on a part where there is but little cellular membrane, adeps, muscle, &c. interposed between the skin and the bone, (as the temple) the stricture will be so complete, that there is little chance of obtaining any blood. The small temple glass should, therefore, most particularly be made with a

rim at least *one sixth* of an inch wide." Page 105.

The torch or exhausting lamp generally used, is thus described by our author:—

"This is a cylindrical tube of brass or silver, three inches and three quarters in length, and half an inch in diameter. The upper extremity terminated by an oblique section, the lower one ends in a screw, which is received into a globular bulb of the same metal of one inch in diameter. As many folds of cotton as will make a cord the size of the cylinder, or at least so large as scarcely to be admitted into its orifice, is to be passed into its cavity, twisted round and forced onwards, until it reaches the other extremity, when the bulb may be screwed over it; and if this be properly done, the cotton will be lodged so firmly in the tube as to require a considerable degree of force to remove it. The end of the cotton is next to be cut off, so as to leave about *half an inch* projecting from the end of the tube."—Page 109.

The instrument just described might be put into a small case, which the surgeon could carry in his pocket. Various alterations have been proposed in the above instruments, but as they do not appear to be improvements, we shall not discuss their merits; and our author has, we think, very judiciously abstained from commenting on them more than he could well avoid, particularly when we consider the object for which this work was written. In addition to the instruments abovementioned, there should always be at hand, a washing-hand basin; a piece of fine sponge; a small bottle of rectified spirit of wine; a lighted taper: a jug of warm water; some folds of lint; a piece of adhesive plaster, or of black court plaster; a box of cerate, either of wax or spermaceti; two or three napkins.

Having described the instruments and apparatus required for cupping, we come next to consider the manner in which it should be performed. The spot on which the glass is to be placed being determined, and the lancets of the scarificator set to a proper depth, our author says:

"The cups are to be immersed in some hot water till they become warmed. The part itself should be fomented with hot water; and the operator having poured two or three drachms of the spirit into a cup or glass, takes the torch in his *right* hand, and a cupping-glass in the *left*, and places the *lower* edge of the glass, in contact with the skin, (in the exact spot where it is to be affixed) elevating the edge at the opposite side of the glass about an inch and a half from the skin; the wick of the torch is now to be dipped into the spirit, lighted at the taper, and carried under the glass *to its centre*, where it is suffered to remain about *two seconds*; it is then to be withdrawn quickly, and if it has been properly performed, the operator will feel the glass sink from his fingers, and fix itself to the part; the skin rising slowly into the glass, until it occupies nearly one third of the space within it." Page 120.

The glass having remained on for about a minute it is then removed, and the scarificator is applied to the spot before the tumefaction has subsided, the glass is

again exhausted and put on as before. The air contained within the glass is rarified by the flame of the torch; it is rendered by this means specifically lighter; this becoming condensed as the glass cools, a considerable suction takes place. The principle of the operation is very simple. The pressure of the atmosphere on the skin beneath the glass being removed, whilst it remains the same on the glass and skin around the blood is immediately driven to the spot from which the pressure has been taken away. —The removal of the glasses from the body after they become about three parts full, requires some care and nicety to prevent the blood running about the patient after the bleeding has ceased; some simple dressing is to be applied to the incissions, and if the hæmorrhage should be very troublesome a little turpentine to the part will soon stop it. Any one acquainted with the principle of the operation, and possessing the slightest mechanical knowledge will be able to overcome the difficulties that will be met with in various parts of the body, where it may be necessary to cup.—Practice alone will give dexterity in the performance of this operation.

From the work before us it is very apparent that Mr. Bayfield thoroughly understands the subject on which he has written; he has put the whole of his knowledge into that order and form, from which good practical rules may be drawn; and though some parts might have been omitted without defeating the object our author had in view in composing this treatise, yet to those who have the art of cupping still to learn, we can sincerely recommend the volume before us as containing directions with which they should become acquainted before they begin; and those who are conversant with the subject, will be amply repaid the time they may bestow on the perusal of this work, by the soundness of the observations contained within it.

MEDICAL AND SURGICAL INTELLIGENCE.

To the Editor of The Lancet.

Mr. Editor,—At the last meeting of the Medico-Chirurgical Society, after a very interesting discussion on the effects of arsenic on the human stomach, and the propriety or not of administering solvents where that poison had been taken in large quantity, Mr. Earle called the attention of the Society to the subject of contractions after burns; and exhibited to the members present an instance, in which he had succeeded in restoring a limb to its perfect use and proper shape, which had been, for years, frightfully contracted and useless. This case he brought forward as an additional fact in corroboration of the practice which he recommended in a paper published in one of the former volumes of the Society's Transactions. The case was most interesting, and completely satisfactory, and was highly creditable to British Surgery. My reason for addressing you, Sir, upon the subject, is to afford you an opportunity of correcting what I conceive must have

been an error of the reporters of Sir A. Cooper's Lecture on Cicatrization and Contractions after Burns. In No. 7 of *The Lancet* for Nov. 16th, Sir Astley is made to say, that contractions after extensive burns cannot be prevented; that the surgeon is not blameable, who permits such contractions to take place; and that very little or nothing can be effected by art in removing them, except where the bridle is very narrow. Surely, Sir, this cannot be a correct report of Sir Astley's Lecture, or that gentleman must be ignorant of the papers published by Mr Earle, in the Medico-Chirurgical Transactions, in which the nature of such contractions is ably explained; a plan of modifying Nature's process suggested; and a new method of relief, founded on just views of the laws which regulate the animal economy, proposed and successfully illustrated by several highly interesting facts. After perusing those papers, and witnessing the very successful example brought forward at the last meeting of the Society, I must confess my astonishment at reading your report of Sir Astley's Lecture. I am, Sir,

Your Constant Reader,

December 18, 1823. C. G.

MR. SCOTT'S REPLY TO MR. ALCOCK.

To the Editor of The Lancet.

Sir,—Your correspondent, Mr. Alcock, has favoured us with a tedious and laboured voluntary, to prove that the proposal of emptying the stomach by mechanical means, does not belong of right to the persons who claim it. I could, with much less trouble, vanquish Mr. Alcock with his own weapons, and show how far he is indebted to Mr. Roux for his apparatus to remedy the *cleft palate.*

Mr. Alcock's *ostensible* motive in disputing the right of modern claimants, is "justice to his professional brethren, and to obviate the stigma which must attach to them, if they could be supposed ignorant of the mode of treatment above alluded to, many years after its practicability *had been demonstrated and published to the world.*" The incorrectness of this position will teach his professional brethren the true value of such a champion. I repeat, that this is Mr. Alcock's *ostensible* motive, but I can scarcely regard it as the *real* one: for who would take the trouble that Mr. Alcock has done, to rob his brother practitioners of *merit*, by an elaborate dissertation, the dry detail of which does not in the least contribute to his own, except under a malignity of envy that I am unwilling to believe even Mr. Alcock possesses. This part of the account then, I must leave him to settle with himself.

I should be the last man, Sir, to build an ambition for fame upon any improvement I might have been fortunate enough to make in prosecuting the labours of my profession; much less would I endeavour to establish my own credit upon the merits of another. Whatever share, then, I may have had in the subject before us, partakes neither of the vanity of the former nor the injustice of the latter; and in this sentiment I may strictly join my friend and co-experimenter, Mr. Jukes, which I shall

endeavour to show by the following statement.

In May, 1822, the *Archbishop of Armagh* died, from a quantity of laudanum administered by mistake. Shortly after this event, Mr. Jukes, in a conversation with me upon the means that were used for the prelate's recovery, observed, that he believed some mechanical means might be devised for emptying the stomach, in cases where the patient was comatose, and the excitability of this organ exhausted. He asked me if such intention had ever been attempted; I replied in *the negative;* for though I had Orfila's excellent treatise by me, I never heard of the paragraph pointed out by Mr. Alcock, until I saw his letter in *The Lancet*; nor was either Mr. Jukes or myself aware that Boerhaave had suggested the practicability of such an operation. Our ignorance of any previous inventions is proved (as far as circumstantial evidence can prove it) by the instruments we adopted, which were merely a tube and bottle, "*the least powerful mechanism that can be used for a pump*," as Mr. Alcock justly remarks. Is it then likely that we should have chosen such an apparatus, if we had been acquainted with a better?

We ought perhaps to take some shame to ourselves that we were not acquainted with Boerhaave's suggestion, and with Dupuytren's and Renault's instruments; but we share the odium at least with the greater part of our professional brethren, among whom are included even those of the higher walks. I contend, therefore, that as it regards ourselves, the revival is in fact a *discovery*, whether any credit be due upon it or not. The claim of Sir Isaac Newton to his discovery of fluxions was well substantiated, though Leibnitz had preceded him.

But the most important part of Mr. Alcock's communication is the *garbled* extract he has made from Orfila's work; by which the reader is left to conclude, that M. Renault had actually used his instrument upon *the human* stomach. It is quite impossible that this error can have been unintentional; not even Mr. Alcock's detected ignorance of the French language (and he cannot have forgotten the corrections he sometime ago received for his translating blunders) can assume such a fact. The following lines, which occur in the very heart of the passage quoted by Mr. Alcock, have been *altogether omitted*: "*When some trials upon man*," says M. Renault, "*have proved its efficacy*, the use of it will doubtless become very extensive." Does not this then leave to Mr. Jukes the sole merit of first employing the instrument upon the *human* stomach? and does Mr. Alcock make no distinction between M. Renault's experiments of pumping water into, and out of, the stomach of "several *little dogs*," and those of Mr. Jukes, made fearlessly upon himself, with a quantity of poison more than sufficient to destroy the life of the strongest man? If no credit be due to Mr. Jukes' ingenuity, surely the thanks of the profession, and of the world too, ought to be given him for his boldness in being the first to submit to the operation, and for his readiness in repeating it for the satisfaction of his professional brethren.

Let not Mr. Alcock reproach us

with ignorance of a previous existence of this instrument; but let him rather take shame to himself, that, with his knowledge of it, he had never made the good use of which it is capable. It is to the eternal disgrace of every Surgeon *previously* acquainted with it, that so many valuable persons have been watched to the silent grave when the use of this instrument might have saved them. But now that the application of it has been made, every body, forsooth, could have done it: after Columbus had visited America, every body knew the way thither; and they found it easy to set up the egg when they saw him break a hole in the extremity.

In conclusion, I would remark, that the perforation of the tube ought not to be at the extreme point, but *at the side*, in the same manner as the eye of the flexible gum catheter. This we have practically ascertained; for in the operation, the extremity of the tube rests upon the depending surface of the stomach, and when the piston of the syringe is drawn out, the stomach itself is forced into the tube, and serious mischief might be the consequence. In my experiments upon Mr. Jukes, this circumstance several times happened, and the pain occasioned was dreadfully severe. To prevent this, we concerted a signal, by which he intimated to me whenever an occurrence of the pain indicated this accident. In operating, therefore, upon a *comatose* person, the surgeon should withdraw the piston slowly and cautiously; and should he find it rise with difficulty, and recede a little upon quitting his hold, he may conclude that the tube is obstructed, either by a portion of solid matter, or by the stomach itself; and lest it should be the latter, the tube should be withdrawn a quarter or half an inch further out of the mouth, and the piston be driven back, so as to force out the included part.

I am, Sir,
Your humble obedient Servant,
JAMES SCOTT.

30, Newington Causeway,
Dec. 17th, 1823.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Dec. 17th.—John B., aged 22, was admitted into this Hospital, at four o'clock, P. M., with an extensive injury of the left fore-arm, from a gun-shot wound. The integuments and muscles on the inside of the arm, were lacerated; the radius was fractured and comminuted; the ulna was fractured, and the fingers were quite benumbed; he had not lost much blood; amputation was immediately performed, and the arm was removed about two inches below the elbow-joint. The operation was performed by Mr. Key. On examining the limb afterwards, it was found that the flexor sublimis and profundus were completely torn through; the median nerve divided, and the ball resting against the ulnar nerve; the bones were in the state just described; the course of the wound was obliquely downwards and inwards, beginning on the edge of the

radius, about four inches below the elbow, and terminating two or three inches above the wrist. To-day (Dec. 19th) the man feels pretty free from pain, and is doing very well.

There have been admitted here this week, a man with laceration of the scalp; another, with a compound fracture of the leg, and a fractured radius.

Case of the Sloughing of the Pudendum.

Since the application of the port wine to the part, the wound has been getting much better, and the patient's health much improved.

Case of Elephantiasis.

The size of the limb is much reduced; the same applications are continued, and the patient avoids all exercise; her health is very good.

ST. THOMAS'S HOSPITAL.

Case of severe burn.

Ann T. aged 30, servant, was admitted into St. Thomas's Hospital, half-past eleven, A. M. Dec. 16th, with a severe burn of the head, face, and neck. Her mother says that about half-past ten this morning she was obliged to go to market, and left her daughter at home by herself; during the mother's absence the daughter was seized with an epileptic fit, (to which she has been subject more or less these sixteen years past,) and on returning home, after being absent a quarter of an hour, she found her daughter lying on her back by the side of the fire place, with the upper part of the clothes (those about the head and neck) in flames; it was full twelve minutes however before the fire could be quite extinguished, when she was immediately brought to Mary's Ward in this Hospital.

The parts burnt are the whole of the face, particularly the right side, the right arm, the posterior part of the neck, head, and upper part of the back, the throat and superior portion of the chest; on the arm and throat, chest and neck, the cuticle was destroyed, and these parts were black in some places; on the face the cuticle was neither raised nor destroyed, except on the nose and a little towards the left side; to the former places, viz. those where the cuticle was destroyed, turpentine was applied; to the latter, viz. where the cuticle was not destroyed, linseed oil and lime-water; the burnt places are covered over with coarse linen wetted with the different applications, and these are renewed frequently. When brought to the Hospital she was quite sensible, screamed a good deal; the pulse was scarcely perceptible; an aromatic mixture, six ounces, was ordered for her, containing two drachms of tincture of opium, and three meat spoonfuls are given to her every half hour; a tea-spoonful of brandy is also given every half hour. At five, P. M. the mixture was altered, some stimulating cordial being added to it, and a bolus containing some ammonia and camphor, to be taken every four hours, was ordered.

Seven, P.M. Dozing, breathing stertorous, 24 in a minute, pulse 96, weak; in the morning when she was admitted it was scarcely perceptible; bowels not open; has been addicted to spirituous liquors, and has also been in the habit of smoking; of a strong constitution.

Wednesday, Dec. 17. A little after seven last evening, she was seized with a fit, during which she moved the right arm a good deal, shook her head, closed her teeth, and stretched herself quite straight, this lasted for ten minutes, when she fell into a sleep again; the only warning she had of the fit, was a pain in the head. In the middle of the night she was very sick, and threw up some yellow fluid, and shortly after this had another fit, which continued on her five minutes. At 6 o'clock this morning, she got out of bed, and it was with difficulty that the nurses were able to get her in; since that time, has been very drowsy.

Four, P.M. Lies on her back half asleep, occasionally moving and raising herself in bed. Breathing very loud and oppressed, 24 in a minute; pulse very weak, intermits every 10th beat, 120. Heart's action very weak; bowels not open since the accident.

State of the burns.—Right arm of a blueish appearance, and quite hard; face white, with small vesicles in different parts; neck and chest of the same appearance. The same applications are continued to the part; a table spoonful of brandy is given her every half-hour; the mixture and bolus, ordered last night, every four hours. At half-past one, she had an injection, which has not yet operated. The enema was composed of two table-spoonfuls of castor oil and a pint of gruel. A circumstance worth noticing is, that, at the time the accident occurred, her menses were on her: these have not yet stopped.

18th. Was very restless at times in the night, so that she was with difficulty kept in bed. When she became quiet she again fell into a dose; asked frequently in the night for water to drink. Has been sitting up in bed during the day. Pulse scarcely to be felt. Respiration very weak. Right arm and hand nearly of the same colour as yesterday; face much less swollen; neck and chest quite red, the skin being removed. The whole of the back is also very red, and in some places the skin raised. This part was not burnt, but the skin has most likely been irritated by the turpentine. The turpentine has been ordered to be discontinued this day, and the lime-water and oil substituted for it. The quantity of opium in the mixture was increased last night; two table-spoonfuls are given her, as before, every four hours. A powder with jalap and calomel was given her to-day, and repeated in three hours after. Bowels have not been open; another injection has been given her in addition to the one mentioned yesterday. Her feet and legs are very cold, and have been ever since her admission.

19th. She continued drowsy during the whole of the night. The left arm became much swol-

len in the course of the evening. At a quarter before three this morning she gaped a good deal; and at three A. M. died.—Her bowels had not been open during the whole of the time.

Dec. 19th. A man about forty years of age, stout, tall, with black hair and whiskers, was brought to this Hospital at half-past four, P.M., the wheel of a loaded cart having gone over the upper part of the chest. At the time of his admission he was quite cold, in a state of insensibility, the countenance pale, blood issuing from the mouth and nose, breathing stertorous, pulse scarcely perceptible, eyes closed, and extremities cold.

It was ascertained, that the ribs of both sides and the right clavicle were fractured, and the jaw severely injured; but as it was apparent that he was in a moribund state, he was left undisturbed. Some brandy was given him; he revived a little, but soon sank, and at ten minutes past six, he died; having lived an hour and forty minutes after his admission, and about two hours from the time the accident happened. The following day, Dec. 19th, the body was examined, when it was found that the six upper ribs of both sides, and the right clavicle, were fractured, the inferior and superior maxillary bones were fractured on the left side, and the left alveolar processes were also broken in. There was an effusion of a pint and a half of blood into the left side of the chest. The lungs of the left side were wounded on their anterior surface, by means of three of the ribs which had been driven in on them. The lungs and pleura were very much inflamed. The pleura on the right side was not wounded.

The thyroid cartilage on the left side, was broken. The other parts of the body were not injured, excepting the left arm, which was much bruised, and the upper part of the sternum on the left side broken off a little below its articulation with the clavicle.

It is with the greatest difficulty that the students know when the post mortem examinations at this and Guy's Hospital are to take place, as scarcely any but the dressers possess that information; we have no objection that these gentlemen should enjoy all the advantages to which their situation entitles them, but we affirm that it is the greatest injustice to the students at large that these examinations are not conducted in such a manner as to afford them a chance of being present.

In addition to the two accidents above mentioned, there have been admitted here this week, one or two injuries of the head; a fractured humerus and radius, a wound of the integument of the knee-joint, a fracture of the tibia and fibula; and a man with an injury to his hand. This last man had one of his fingers amputated on Monday, which is the only operation that has been performed here this week.

We will notice the nose case in our next number.

MIDDLESEX HOSPITAL.

Continuation of the Case of Martha Hollwell, p. 380.

Dec. 12. Slept tolerably well last night. Pulse 120; tongue a little furred; skin moist; occasional spasms in the limb during the night; no great pain in the wound, which has a healthy appearance; suppuration has commenced. The finger was introduced into the wound, and free egress found for the matter formed during this process. The limb a good deal retracted, but not much inflamed; bowels not open since yesterday.

* Pulv. Jalapæ Comp. gr. xv. statim, et post 4 horas haust. Sennæ Com. ℥iss. Continue the salines.

In the evening, pulse 110, rather fuller; considerable pain in the limb, extending from the toe to the hip. The purgative medicines have not operated; in other respects, the same as this morning. An opiate to be given her, and the saline medicines repeated; the cold applications to the limb to be frequently applied.

* These medicines are much employed at this Hospital. The formula for the latter is R. Infus. Sennæ ℥iss agnes Sulph. ℥ss. Tinct. Zingib. ʒ ss. Misce For the former, R. Pulv. Jalapæ, ʒiv. Hyd. Submur. Pulv. Zingib. aa. ʒj. Misce in doses from five grains to a scruple. The ormer is colloquially termed House-medicine, and the latter P. I. C.

13. Has passed a restless night; pulse 108, and weak; tongue hard and brown in the centre, furred at the edges; skin moist; limb feels cold, with a slight degree of spasm affecting it; has had copious alvine evacuations during the night; complains of nausea. Omit the salines.

℞ Ext. Cinchonæ. gr x.
Liq. Ammon. acet. ʒ iii.
Decoct. Cinchon. ʒ ix.
Fiat haustus quartis horis sumend.

℞ T. Opii m xxx.
Mist. Camph. ℥iss. hora somni.

Dec. 14. Pulse 98, weak; pain in the limb excessive; tongue furred and dry; both extremities cold; considerable anxiety; nausea, and some degree of tremor.

Vini Rubri ℥ vi. quotidie.

℞. Tinct. Cinchonæ, ʒj.
Conf. Aromat. ℈ j.
Decoct. Cinchonæ ℥ iss 4tis horis.

Bowels rather relaxed in the evening; pulse 120; tongue cleaner, and pain in the limb diminished; nausea still continues. The opiate repeated.

15. Pulse 100; tongue rather brown, and furred; rest disturbed during the night; stupor inclining to come; bowels still relaxed; extremities rather cold. Continue the draughts as yesterday prescribed.

Evening. Pulse 116; tongue hard and dry, of a brownish red colour; nausea diminished; takes wine and nourishing diet; skin rather moist; bowels more regular, and extremities warmer; stupor diminished; pupils contracted; an-

xiety and restlessness at times; suppuration proceeding naturally. the draughts continued; and an opiate to be given her.

16. Pulse 120, weak and soft; passed a tolerable night; tongue dry, and of a brownish red colour, with its papillæ elevated, and unequal. Pursue the same treatment.

Evening. Pulse 96, slightly, intermitting; extremities warmer; in other respects the same as in morning; takes sago, tapioca, and wine, freely; bowels regular two or three times in the 24 hours.

17. No particular alteration to-day; pulse 114, and rather fuller; limb tolerably easy; the same medicines continued.

Pulse 112, and fuller; tongue clean and moist; skin rather dry; the wound continues to put on a more healthy appearance; bowels regular; more composed and comfortable; the same medicines continued.

Dec. 13.—A woman was brought here, who had been run over by one of the Paddington stages; the wheels of which passed over the belly. She had been bled by an apothecary previously to her being sent here. She died in less than ten minutes after her admission. —Upon examining the body, it was found that the liver was ruptured and very much lacerated. About five or six pounds of coagulated blood were discovered within the cavity of the abdomen. The uterus and parts of generation protruded beyond the labia. In this case the Coroner held an inquest on the body, when the jury returned a verdict of "Accidental Death," and at the same time imposed a deodand of 5*l.* on the coach and horses, but upon what principle we are unable to say, as the conduct of the coachman, from the testimony of several respectable persons, did not appear to have been in any degree careless or incorrect.

14. A man was admitted this morning with an old inguinal hernia on his right side. The space occupied by the tumour was six or seven inches in diameter. The reduction was easily accomplished, as the external abdominal ring was found to be unusually large. There was a smaller hernial tumour on his left side; he wears a truss, and has passed his urine freely since the reduction of the hernia, which he was unable to accomplish before without the introduction of a catheter.

A man was admitted to-day with a dislocation of the clavicle from the acromion, with a fracture extending along the spine of the scapula.—Out-door patient, doing well.

16. A man was admitted with an injury of the shoulder. The tumefaction over the joint was too considerable to admit of the precise nature of the injury being ascertained at the time. A distinct crepitus could, however, be felt, and it is very probable that the glenoid cavity, or the head of the humerus, is fractured. Twenty leeches, and afterwards cold lotion to be constantly applied.

15. A woman admitted with an oblique fracture of the tibia and fibula of the left leg. Neither bone protruded through the inte-

guments. The limb laid in junks, and leeches and cold lotion applied to it.—House medicine given her.

18. There have been a few other cases of simple fracture admitted, and some accidents of minor importance.

On Saturday, Mr. Bell performed the operation for cataract; and paracentesis abdominis has been performed on two or three dropsical patients during the week by Mr. Cartwright.

ST. GEORGE'S HOSPITAL.

James Jenner was admitted here on Sunday last, with fracture of the patella, which happened in the following manner: he was crossing the street rather quickly, and upon his foot suddenly slipping, felt something snap in the knee. This, upon examination, proved to have arisen from a transverse fracture of the patella; the upper portion of the divided bone was drawn up the thigh to a considerable extent, by the contraction of the rectus muscle. This man was put to bed; the two positions of bone were brought into contact, and confined in that position by a circular and longitudinal bandage applied in the usual manner.

Dec. 19. Is doing well.

The man whose bladder was punctured above the pubes, by Mr. Gunning (an account of which we gave in a former Number), died on Thursday last, from peritoneal inflammation. Upon dissection, the peritoneum and bladder were found much inflamed and thickened, but the former was not wounded by the operation.

The division of the periosteum covering the nodes on the tibia and fibula of James Wilson has effected a complete cure. He is now capable of pursuing his ordinary occupation, and quite free from either pain or lameness.

No operations of any importance this week.

Observations on the Use of Iodine in the Treatment of Scrofula and Leucorrhœa. By Dr. Sablairoles

After a series of accurate observations, and an experience of two years in more than 200 cases, M. Coindet assures us, that Iodine is one of the most powerful stimulating remedies in diseases of the lymphatic system. This substance, therefore, affords us a powerful resource in diseases which often resist all other therapeutic agents. As useful discoveries cannot be too widely diffused, it is a duty which we owe both to the profession and to humanity to publish the three following cases, which appear to us to establish the success of Iodine and its preparations in the treatment of Scrofula and Leucorrhœa, and which will besides contribute to remove the reluctance which many practitioners, otherwise enlightened, have to its employment.

First Case.—Fabre, aged 14 years, born of scrofulous parents, had the glands of his neck affected with scrofula for the last six or

seven months. A variety of remedies, regularly administered, had produced no good effect. Having been called to this patient, and wishing to ascertain the effect of iodine on the animal economy, I did not hesitate to make a trial of it. I prescribed, therefore, according to the recommendation of Messrs. Coindet and Gimelle, an ointment composed of two ounces of hog's-lard, one drachm of hydriodate of potash; and I ordered half a drachm of this ointment to be rubbed into the swelled glands every evening until it was completely absorbed. It may be useful to observe, that previous to the frictions I used for three or four days emollient fomentations, which are well calculated to assist the action of the medicine. For some time past the patient was unable to digest even the lightest food without difficulty, and his countenance was extremely pallid. His sleep was disturbed, his flesh soft and flaccid, his strength much prostrated, and his sight was becoming daily weaker. He was melancholy and desponding to a degree which it would be difficult to describe. On the third day of the frictions the patient experienced a sense of heat and dryness in the stomach; there was a little tension and frequency in the pulse, and his respiration was somewhat accelerated. He took some drink slightly acidulated, which mitigated these symptoms, and afterwards continued the frictions. Nine days elapsed without any sensible diminution of the swelling, when I resolved to increase the dose to a drachm at each friction.

By this means, at the end of eleven or twelve days, the patient recovered his appetite; his digestion was improved, his mind became more tranquil, his strength increased daily, and a short time after the swelling had almost entirely disappeared. By persisting a little longer in this treatment, the cure of the patient, which was before considered hopeless, was completely effected.

Second Case. Mad. B., aged 26 years, of a lymphatico-sanguine temperament, experienced about a year and a half ago, some domestic misfortunes, which rendered her extremely melancholy; soon after she had *fluor albus*, followed by severe pains. Subsequently she had hysterical affections and cramps of the stomach, with violent colic. Her digestion was bad, and she sometimes vomited bilious matter. I recommended some medicines which rather aggravated than relieved the disorder. I then prescribed the syrup of iodine in a dose of one table-spoonful, morning and evening, in a cup of pectoral infusion. I advised, at the same time, as much amusement as possible, as likely to contribute to her cure. In about a fortnight the running had abated; the patient had recovered her spirits, her appetite was restored, and her digestion improved daily. In short, she was much relieved, but her weakness still continued. Encouraged by this success, I ordered another dose of a table-spoonful to be taken daily at noon, and I substituted infusion of gentian for the pectoral infusion. To my great satifaction she continued to amend daily, and in less than six weeks the running

had entirely dissappeared. Mad. B. continued to pursue this plan of treatment for a short time longer. Her strength is now completely re-established; her colour has returned, and she takes exercise with pleasure; in short, she enjoys a state of health which some months ago could scarcely have been hoped for.

Third Case.—Catharine P. leading a sedentary life, and indulging immoderately in the pleasures of coition, was attacked, after a difficult labour, with a uterine discharge, for which she at first used no remedy; she acknowledged to me that she even felt a stronger desire for coition, which, no doubt, contributed to increase the complaint. At length she complained of pains in the back and loins, with heat in the region of the matrix. The discharge became so abundant, that it soaked through her outer garments. Her stomach was in a state of extreme debility; she became daily thinner, and her strength was prostrated. As the leucorrhœa was at this time so acrid as to excoriate the parts, and as the patient had severe pains in the cavity of the abdomen, I was called for. I found her in a very alarming state, her face was pale and sunk; her eyes surrounded with a livid circle, which was more visible as the fluor albus became more abundant; her features were impressed with marks of the deepest melancholy. I had recourse, on this occasion, to the happy discovery of M. Coindet, after removing, by the usual means, some slight inflammatory irritation. After this preparation, which it is very important not to omit, I prescribed the tincture of iodine in the dose of ten drops three times a day, in a mucilaginous potion. Finding its action, however, not sufficiently marked, I increased the dose gradually to 18 drops; to be taken three times a day. In about two months the running had entirely ceased, and Catharine P. had recovered her former state of health. —*Journal Universel des Sciences Medicales, Novemb.*

COPENHAGEN, *Nov.* 18.

Dr. HERBOLDT, of this place, has just published an account of an extraordinary pathological case, which is attested by thirty-four physicians. A young Jewess, of delicate constitution had enjoyed a good state of health up to the age of fourteen years. At this time she began to suffer excruciating pains, which continued for eighteen months, and in the course of this period there were extracted from different parts of her body, at intervals of several days, weeks, and months, 273 needles! Some time after about a 100 more came out from a tumour in the shoulder which was attended with violent pain, and symptoms which threatened her life. They were for the most part sewing needles, but broken, without heads or points, and almost all of them black and rusty. Three pins were found among them, which were still bright, and one of the kind commonly used for the hair. In his statement, the doctor has described with precision the parts of the body from which they were extracted, but he has not offered any

conjecture as to the manner in which they could have entered the body of this young person. He promises another paper on the subject, in which we trust he will satisfy the curiosity of the public.—*Journal des Debats.*

Credat Judæus Apella!!!

ARMY SURGEONS, AND ASSISTANT SURGEONS.

Notice has been given to the army surgeons, and assistant surgeons, on half pay, that their services are likely to be soon required. The new levy is to be raised by beat of drum; and orders have been issued, with a view to the expeditious raising of the men, for the officers employed to repair to those parts of the kingdom, in which they may be supposed to possess the most influence.—*Courier.*

APOTHECARIES' HALL.

The following gentlemen underwent examination on Thursday last; and were admitted as Licentiates:—

Samuel Abeb, *St. George's Hospital.*

Thomas Miller, *South London Dispensary.*

John Falconer, *Royal Infirmary, Edinburgh.*

John Rees, Infirmary, *Union-street, Bishopsgate.*

NOTICE OF NEW WORKS.

The following work has just appeared at Turin, "De pulsibus organicis diagnosticis et prognosticis, necnon de eorum insigni utilitate in morborum therapeia dirigenda. Specimen cum iconibus; auctore H. Sachuro, M. D. &c. August, Taurin." The medical world, observes Omadei, in the *Annali Universali di Medicina*, will find accurately arranged and digested in this work, all the opinions which have, at various times, been delivered, and all the observations which have been made on the important subject of the pulse, whether as a means tending to elucidate the diagnosis and prognosis of many diseases, or as affording accurate indications for their cure.

The First Part of the Seventh Volume of the *Dictionnaire abrégé des Sciences Medicales*, has just been published. It is continued from the word *Epine* to the word *Femoro-tibial.*

The following work on the Sympathetic Nerve, by Dr. Lobstein, of Strasburg, has just appeared: "De Nervi Sympathetici Humani Fabrica, Usu, et Morbis commentatio Anatomico Physiologica Tabulis œneis et lithographicis decem auctore illustrata. Joh. Frid. Lobstein, Medicinæ Clinices et Anatomiæ Pathologicæ in Facultate Medicâ Argentoratensi Professore."

CHESS PROBLEMS.

No. 6.

In the last Problem, as in that which is ascribed to Marshal Saxe, the white affected the mate by successive sacrifices of his own pieces; but in the first of the following problems, besides the condition of not taking any of his adversary's pawns, he is required to give the mate without suffering any of his own pieces to be taken. This, as will be seen from the annexed solution, is effected in a very ingenious manner. The inventor of the problem is Professor Wildt, of Cassel, in Germany. The next position is one of those which have been given without solutions in the 'Giuoco Incomparabile degli Scacchi,' an admirable treatise, which has been erroneously attributed to Ercole dal Rio. The author of that work is Domenico Ponziani, of Modena, and there is reason to believe, that Dal Rio is the celebrated anonymous Modenese. Many of the positions given in that work, and in the voluminous treatise of Lolli, occurred in actual play to Dal Rio and Ponziani, and exhibit such masterly specimens of scientific calculation, that Dal Rio is, perhaps, justly entitled to the distinction of being considered the finest player that Europe has produced, as well as one of the ablest writers on the principles of the game. The third position which we shall give this week is one of the "*Partiti di sottilita*" of Damiano, which he gives as a problem, to be solved in *six* moves, with the annexed condition, that the rook is not to move more than once. The laborious Lolli has given this problem in his Collection, as a position in which the mate is to be given in six moves, without adding Damiano's condition; and it is probable, therefore, that he overlooked the mate in four moves. Let the student endeavour to discover what appears to have escaped one of the most correct and indefatigable players in Europe.

As Damiano, a native of Portugal, is the first writer who investigated the game of chess, some account of his work may be acceptable to many of our readers.

It is entitled, "Libro da imparare giocare a Scacchi; e de bellissimi Partiti revisti e recorrecti. Con summa diligentia emendati da molti famosissimi Giocatori. In lingua Spagnola et Italiana. Composto per Damiano Portughese. In Roma, 1524." There is, besides this edition printed at Rome, an edition, of which there is a copy in the King's library, and another in that of the Royal Society. This is a small duodecimo, of 128 pages, without name, date or place: in the title-page is a print, from a coarse engraving in wood, representing a priest and a monk playing at chess. One third of the book is in Italian, containing some account and the rules of the game; the remainder is a collection of curious ends of games (in Spanish, *primores*) with a chess-board in the middle of each page; the explanation at the top is in Italian, and at the bottom in Spanish.

Damiano is the earliest practical writer on the game of chess, and he is, perhaps, as much indebted to the gratitude of amateurs as to his own merits for the honours which succeeding writers have lavishly heaped upon his name. His claims to originality are extremely doubtful. No chess-player can have attentively perused his work without being satisfied that the game must have been much cultivated and investigated

in the south of Europe long before he wrote; probably from the earliest period of the revival of letters in Italy. He is said, on what authority we know not, to have discovered the smothered mate given by the knight; and he has investigated a game, which is known to this day by the name of the Gomito of Damiano. The collection of positions is the part of Damiano's work which chiefly establishes his reputation. Many of them discover a profound acquaintance with the resources of the game, but they are not all entitled to equal praise, though, as has been well observed by Ponziani, Antonio Porto was probably of that opinion, since he cooly published them all under his own name at Bologna, in the year 1606.

We have received numerous communications from Correspondents, which we will notice next week.

Problem XVI.

The white is required to give checkmate with the pawn in 10 moves, without taking any of the adversary's pawns, and without losing any of his own pieces.

Position of the Pieces.

WHITE.

King at adverse queen's third square.

Queen at the king's rook's third square.

King's rook at the queen's rook's third square.

Queen's rook at the queen's bishop's third square.

King's knight at the king's bishop's second square.

Queen's knight at the king's bishop's fourth square.

Pawn at the queen's knight's second square.

BLACK.

King at the queen's rook's second square.

Pawns at the queen's rook's third square, queen's rook's fourth square, and adverse queen's rook's fourth square, and at the queen's bishop's third square, queen's bishop's fourth square, and adverse queen's bishop's fourth square.

XVII.

White to give checkmate in five moves.

Position of the Pieces.

WHITE.

King at the queen's rook's square.

Queen at adverse knight's third square.

Rook at adverse queen's knight's second square.

Knight at the king's bishop's third square.

Pawn at the queen's rook's second square.

BLACK.

King at his rook's square.

King's rook at the queen's square.

Queen's rook at its square.

Knight at adverse queen's bishop's third square.

Pawns at the king's rook's second, king's knight's second, and queen's rook's second squares, and at the adverse queen's fourth, and adverse king's bishop's fourth squares.

XVIII.

White to give checkmate in four moves.

Position of the Pieces.

WHITE.

King at his queen's rook's second square.

Rook at adverse queen's rook's second square.

King's knight at adverse king's bishop's square.

Queen's knight at adverse queen's bishop's square.

BLACK.

King at his queen's square.

Solution of Problem XVI.

The black has but one mode of playing at each move.

1. Queen to adverse queen's bishop's square.

2. Queen to adverse queen's rook's square.

3. King to adverse queen's bishop's second square.

4. Queen to adverse king's rook's square.

5. Queen to her king's rook's fourth square.

6. King's knight to king's fourth square.

7. King's knight to adverse queen's third square, checking.

8. King's rook to queen's rook's second square.

9. Queen's knight to queen's third square, checking.

10. Pawn one square, giving checkmate.

NOTICE TO CORRESPONDENTS.

B. Z. U. is much deceived if he imagines that we have forgotten the cruel treatment of the late Wm. Millard. We shall very shortly investigate this affair most fully; and if we should succeed in getting into our possession some original letters and documents, which we understand are in existence, they shall, at an early period, be presented to our professional brethren. We feel confident that the particulars of this extraordinary transaction will excite the greatest disgust and indignation.

Other Correspondents in our next.

ST. THOMAS'S AND GUY'S HOSPITALS ANNIVERSARY DINNER.

The Practitioners who have been educated at St. Thomas's and Guy's Hospitals, and the Gentlemen now attending those Institutions, will Dine together on Thursday, the 8th of January next, at the Freemason's Tavern, Great Queen-street, Lincoln's Inn-fields.

BENJAMIN TRAVERS, Esq. F. R. S. in the Chair.

Stewards.

Dr. Roots.	Dr. Bright.
Frederick Tyrrell, Esq.	Robert Kent, Esq.
John F. South, Esq.	William Gaitskell, Esq.
George Browne, Esq.	S. H. Sterry, Esq.
J. A. Gilliham, Esq.	John Prior, Esq.
Tobias Brown, Esq.	James Paty, Esq.

Dinner on Table at Six o'Clock precisely.—Tickets, one guinea each' to be had, on or before Saturday, the 3d of January, at the Bar of the Tavern; and Laundy's, St. Thomas's-street.

Just published, by S. HIGHLEY, 174, Fleet-street,

ANATOMICAL EXAMINATIONS: a complete Series of Anatomical Questions, with Answers; the Answers arranged so as to form an Elementary System of Anatomy, and intended as preparatory to Examination at the Royal College of Surgeons. To which are annexed, Tables of the Bones, Muscles, and Arteries. Fifth Edition, corrected and improved. Two Vols. 12mo. 12s. Boards.

Also,

A Complete TREATISE on the NATURE, SYMPTOMS, and CURE of LUES VENEREA. By JESSE FOOT, Surgeon. A new Edition, amended and corrected. 8vo. 12s. Boards.

"We cannot take leave of this veteran brother without tendering him the homage of our respect and esteem. Throughout the whole of the work, which we have perused with attention, we see little to censure, and much to praise. We believe, too, that were Mr. Foot's directions strictly followed, we should rarely meet with any of those victims to the poison of Syphilis, or the poison, as it is called, of Mercury, which are held up *in terrorem*, to paralyze our arm in the administration of the remedy, or distract our judgment as to the nature and treatment of the disease."—*Johnson's Medico-Chirurgical Journal, April*, 1820.

"The method of cure inculcated in it is throughout judicious, and deduced from extensive experience: and, every form and important symptom of the disease being individually treated of with precision, it constitutes a valuable clinical Guide for Medical Practitioners."

Proëmium to the 43d Vol. of the Medical and Physical Journal, p. 65.

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THE LANCET.

Vol. I.—No. 13.] LONDON, SUNDAY, December 28, 1823. [*Price 6d.*

SURGICAL LECTURES
CONTINUED.

Theatre, St. Thomas's Hospital,
Monday Evening,
Dec. 22, 1823.

Lecture Twentieth.

Towards the conclusion of the last lecture, we spoke to you of internal aneurism. We described to you aneurism of the heart; and gave you two instances in which there was an aneurism of the left ventricle—not a mere dilatation, but where the parietes had given way, and a bag formed into which the finger might be introduced: we next came to aneurism of the ascending aorta, where it is covered by pericardium; and related to you some cases where the artery had burst, and large quantities of blood were found in the pericardium.

We shall speak of aneurism of the ascending aorta. When an aneurism takes place between the heart and curvature of the aorta, you find that after a time, from the pressure of the aneurismal bag, the cartilages of the ribs become absorbed, as in the specimen before me (pointing to one on the table), where the cartilages of three of the ribs and a portion of the sternum have been absorbed; when the aneurism presses on the lungs, dyspnœa comes on, together with cough, and the complaint is obscure, but at last the fulness on the right side, and the pulsation to be felt by the pressure of the hand on the intercostal spaces, will enable you to distinguish this disease; then the ribs become absorbed, the aneurism presses against the pectoral muscle, absorption reaches the skin, and the sac bursts by the inflammation of the skin, the destruction of the life of the part, and the seperation of the escar. I will mention to you a case which shows how life may be prolonged sometimes by the formation of an

artificial sac: a female in the other hospital had an aneurism of the ascending aorta, the skin had become inflamed and the escar was seperating, and a small quantity of blood was discharged; a clot of blood plugged up the orifice of the opening; pieces of lint were applied, over which was put some adhesive plaster, and lastly a bandage. She lived 27 days afterwards; the opening of the wound however gradually increased, and she died in consequence of inflammation of the interior of the aneurismal bag and aorta.

When therefore you are called to a person with an aneurism in this part, and when hemorrhage has come on, you can protect life by coating the wound with lint, and endeavouring to form an artificial sac: and by this means you give your patient two or three days, or weeks to live, allowing him this time for making any preparation he may wish. These cases are however quite hopeless, and I have never known one spontaneously cured.

Aneurisms of the curvature of the Aorta.

These aneurisms are very frequent, and are to be seen just above the sternum. You will find that termination of existence takes place in different modes in these aneurisms. In the specimen before me, (exhibiting one on the table), death was produced by the bursting of the artery into the trachea; it was given me by Mr. Davis, and was taken from a man, the subject of aneurism of long existence; rising from his bed one day, the artery must have burst into the air tube, cough came on with a sudden gush of blood, and he died, partly from suffocation, and partly loss of blood. An aneurism of this kind often causes, by its pressure, dyspnœa and suffocation; it also often presses behind on the œsophagus, instead of in front on the sternum, it will be seen in the back, through the ribs, by the edge of the scapula, between its base and the spine. Now, gentlemen, I will tell you one or two practical points here, to put you on your guard, and induce you to take great care in these cases. Mr. Dyson, of the city, called on me one day, and said that he had a patient, with aneurism in the neck, which he thought was an aneurism of the carotid, and that he should like me to see it, I immediately went with him, and on examining midway between the

clavicle and lower jaw, there appeared to be a collection of fluid, proceeding to behind the sternum. I told Mr. Dyson, that I was very doubtful of its being an aneurism of the carotid. Some time after this, Mr. D. sent for me to go with him to examine the body of this person; we found a small pouch, just behind the sternum, proceeding from the curvature of the aorta; it was of very great importance that a ligature had not been applied, the sac would have been cut through, and destruction of life taken place. The late Mr. Burns, of Glasgow, who was an excellent anatomist, and who published a capital work on the anatomy of the head and neck, wrote to me to say that he had a case of aneurism above the clavicle, and entertained some thoughts of tying the subclavian artery for it, and asked me some question relative to it, to which I returned an answer, and said to him, take care, do not deceive yourself, for what often appear to be aneurisms of the subclavian artery, are really aneurisms of the aorta; the operation was not performed, (it is mentioned in Mr. Barn's work), the patient afterwards died, and on examination it was found that it was an aneurism of the aorta; therefore I mention this to put you on your guard, for after what you have lately seen at Guy's hospital, don't think the operation an easy one, and that it would add greatly to your credit to perform it; you might very easily mistake aneurism of the aorta for an aneurism of the carotid or subclavian arteries.

Aneurism of the Arteria Inominata.

These cases in general do not allow of an operation being performed, there is no room for the ligature. Dr. Mott, of America, has put a ligature on this vessel: for a time the patient appeared to be doing well, but he afterwards died: the operation did him much credit; few would have dared to perform it, and those who might probably would not have known how. Dr. M. is an excellent anatomist, and an industrious man.

Aneurisms of the Descending Aorta.

When the descending aorta is the subject of aneurism, in its course through the posterior mediastinum, it very often breaks into the œsophagus, as in the preparation before me (pointing to one on the table), and a similar instance of which may be seen in the Museum of the other hospital;

when an aneurism presses on the œsophagus, adhesion of the coat of the sac to the œsophagus takes place, and afterwards an opening between the aneurismal bag and gullet is formed; the patient vomits a considerable quantity of blood, and soon dies. I have seen three instances of this kind of aneurism in persons who have died of some other complaint.

Aneurism of the Abdominal Aorta.

When the aneurism is situated above the cœliac artery, a pulsation may be distinctly felt at the scrobiculus cordis, and a symptom which distinguishes this complaint is, that the pressure on the stomach caused by the aneurismal bag, produces nausea and vomiting, and small quantities of food are immediately rejected. There was a case in this hospital of aneurism just above the cœliac artery, where the patient had frequent vomiting, constant nausea, and could not bear to take any food. When the aneurism is lower down in the cavity of the abdomen it often bursts into the intestine. Here is a specimen (holding it in his hand), where there is an opening in the jejunum and fore part of the aneurismal tumour, of which the patient died. It was taken from a near relation of an eminent physician. Dr. S. brought him in order that I might give my opinion of a pulsation in the abdomen; he dined with me, we made as light of it as possible, and he was very cheerful at dinner; three weeks afterwards, I was sent for to go to Henbury to visit him, he was seized with discharge of blood by stool, he revived a little, hopes of recovery were entertained by his friends; the following morning, however, the discharge of blood returned, and he died suddenly.

When the aneurismal tumour presses on the spine, absorption of the vertebræ takes place, as in this instance (exhibiting a specimen); you will also find a large swelling in the loins; but you must be on your guard respecting this swelling, lest it be mistaken for any other complaint. One of the surgeons of this hospital, but who is since dead, had a patient with a swelling in his loins; this the surgeon took for lumbar abscess, he took out his lancet, and introduced it obliquely, when some florid blood issued by the side of the instrument, adhesive plaister was put to the wound, and it healed; he died, however, from the irritation of the aneurismal sac. On examination, it was found that the swelling was from the aneuris-

mal tumour, the lancet had not penetrated into it, but wounded its coats. There is no pulsation to be felt in the loin from those tumours, nor was there any in the case I have just mentioned, and this is owing to the distance of the swelling from the aorta; thus men that are well informed in their profession may commit mistakes in these obscure cases. Aneurisms in the cavity of the pelvis open into the ischiatic notch, and gluteus maximus muscle; you will be on your guard therefore when you find tumours on the nates. A man was sent from Gainsborough to the other hospital with an aneurism or tumour on the nates; I hesitated at first respecting its nature; hemorrhage came on from the bladder, when it was immediately thought that the aneurism adhered to the bladder, and an opening into it had been formed, as was afterwards found to be the case on examination. This is all that it will be necessary to say to you on the subject of internal aneurisms, as the symptoms will vary according to the seat in which the disease may be found; the digestive organs will be in fault at one time, the urinary at another, according to the part on which the pressure of the aneurismal sac may rest; from the variety of symptoms the diagnosis will of course be found to be difficult.

The Size of Ancurisms.—The aneurism before me is the greates that I ever saw (a beautiful specimen was here exhibited); it begins in the aorta at the emulgent arteries, and extends into the cavity of the pelvis. It contained blood, (& I am not exactly certain how much,) but of an enormous weight. Here (shewing another specimen) is a popliteal aneurism of considerable size. The greatest number of aneurisms that I have seen in one case is seven, and this specimen on the table was taken from the man to whom I allude. He died of an aneurism at the bifurcation; he also had one at the opposite ham, two above it, one in the groin, and two others. The iliac artery had been tied for femoral aneurism, and the patient did well for some time, but afterwards died. The man was a bricklayer's labourer; had been accustomed to mount ladders and carry weights up great heights; had been in the habit of exercising his lower extremities a good deal: not very muscular; the fatigue of his occupation was more than he was able to bear. I may observe here that some aneurisms are

local and others general; when they occur in the ham they are frequently only local, but when between the groin and ham, or in the middle of the thigh, you very commonly find disease of other arteries. Therefore in popliteal aneurism you expect to find the aorta and larger arteries healthy.

The age at which aneurisms generally occur is from 30 to 50; at that age, exercise is considerable and strength less. In very old age this complaint is not so common. I have seen a popliteal aneurism in a man of 80, 4 or 5 years ago, at the other hospital: on this man I tied the femoral artery, and he did extremely well. On a man of 69 I have operated, and that case did well. I saw a boy in this hospital 11 years old with aneurism of the anterior tibial artery. The man of 80 is the oldest, and the boy of 11 the youngest that I have seen with aneurism. It is commonly to be met with between 30 and 50, or rather between 30 and 40, than after that time. In cases of aneurism the age is no objection to the operation.

With respect to the sex in which aneurism chiefly occurs, the male is certainly much more frequently the subject of it than the female. I should say that the proportion of males to females, is about five to one; and if we take only cases of popliteal aneurism, the proportion of males would be considerably greater. When aneurisms do occur in females, they are generally internal. Females are rarely the subject of aneurism in the limbs; the reason of which is, that they do not exert them so much as the other sex. In the course of my practice, taking hospital and private practice together, I have seen about eight cases of popliteal aneurism in the female. The number of popliteal aneurisms which I have seen in the male is of course very considerable.

Of the formation of Aneurism.

It is necessary that you should clearly understand the manner in which aneurism is produced. The first circumstance that takes place in an artery which is about to produce an aneurismal swelling is, that it becomes opake, and slightly inflamed. A small yellow spot appears in the part where the aneurism is afterwards formed, and there is a slight efflorescence surrounding it. The process of absorption afterwards takes place, and thins the coat of the artery, so that the texture becomes like

that of a fine web. At the time this takes place, Nature begins to set up a process of defence, which is beautifully exemplified in a preparation (*it was exhibited to the class*) made from the first aneurism which I had an opportunity of dissecting. This was an incipient aneurism of the aorta; you perceive that the coat of the artery has been absorbed, and opposite to the parts absorbed you observe a layer of adhesive matter, by means of which, a defence is set up for the coat of the artery, and the progress of the disease for a time resisted. A covering is thus produced by the adhesive inflammation which shuts up the artery, so as to prevent the immediate escape of the blood. This preparation not only beautifully illustrates this process, but by holding a candle on the opposite side of it you will also observe the opacity which I have just described. As the coat of the artery becomes absorbed, the cellular membrane is glued by this matter to the outer surface of the artery. The next substance which becomes absorbed, if it be an aneurism of the ascending aorta, is the pleura, which forms a portion of the aneurismal bag. Then the lung becomes absorbed and forms a portion of the bag; next the intercostal muscles with the cartilages of the ribs, then the pectoral muscle, and at last the skin itself, forming the parietes of the aneurism, gives way, and there is no longer any thing to prevent the escape of the blood.

Every aneurism was formerly supposed to be produced by the dilatation of the coats of the artery; but it has been found that this is not the case. It is generally produced, not by the dilatation, but by the absorption of the coats of the artery. For this knowledge we are indebted to Scarpa, who first accurately explained the mode in which aneurism is produced. He thought they were always produced in this way; but they are sometimes, though rarely, formed in the way in which they were formerly supposed to be uniformly produced; namely, by dilatation. Here is a specimen of an aneurism of the aorta in which the pouch is formed by dilatation, the coats of the artery still remaining.—Aneurisms are now and then the effect of the bursting of an artery under some considerable exertion. I have known two instances of this kind. A gentleman, who was out shooting, jumped over a ditch, when on reaching the other side his foot slipped,

and he fell back into the ditch. At this moment he felt something snap in his ham, and when he attempted to walk he found himself lame from the accident. He was attended by Mr. Holt, a surgeon at Tottenham, and was afterwards brought to town, where he underwent the operation for popliteal aneurism. In this case the aneurism began to form within a very short time after the accident, and it was not more than from three to five weeks afterwards that the operation was performed. The other case in which I have known an aneurism produced by the bursting of an artery occurred as follows: a gentleman whom I was attending for another complaint, in attempting to raise himself in bed upon his hands, felt something snap in his right hand. When I next visited him, he told me the circumstance, and requested me to look at his hand. Upon putting my finger upon it I felt a pulsating aneurismal swelling. I tried what could be done by pressure; but as this did not succeed, I found it necessary to tie the radial artery at the part where we usually feel the pulse. In this case a bag of considerable size was formed by the cellular membrane, instead of the usual mode. A pointed body introduced into an artery will produce all the appearances of aneurism, and require the same treatment. In whatever way, in short, aneurism is produced, the surgical treatment of it will be the same. A curious circumstance may be observed in dissecting an aneurism, after having turned back the aneurismal sac. You would suppose that when you had made an incision in the parts you would immediately find the cavity in which the blood is contained; but this is not the case. On the inner side of the aneurismal sac a wall of adhesive matter is deposited in layers, so as to inclose the blood as completely as the aneurismal sac itself. Here is a preparation in which the aneurismal sac has been taken away, and yet you find a bag remaining, entirely formed of layers of adhesive matter on the outer side of the aneurism. The process by which nature throws up one layer of adhesive matter after another, until a complete bag is produced, is beautifully illustrated in this preparation.

You may distinguish aneurism from other diseases by the following marks. If the aneurism be recent by pressing your finger on

the artery which leads to the aneurism, you will empty the aneurismal bag; but if the aneurism be of longer duration, and the pulsation be but slight, place yourself by the side of the patient, observe carefully the size of the swelling, and, by pressing your finger on the artery above, you will see the aneurism sink down as you make the pressure, though the sac will not entirely empty itself; and upon raising your hand suddenly, you will observe a jet of blood rush into the aneurismal sac and raise it to its former height. In this manner an aneurism may be easily distinguished from another tumour deriving its pulsation from an artery; in the former case the pulsation will be felt over every part of the tumour, in the latter there will be no pulsation except in the direction of the artery. I have hurried over some parts of this evening's lecture, as it is my intention to shew you the operation for popliteal aneurism, having a subject which will answer the purpose extremely well. I shall postpone therefore, some remarks which I have to make upon the medical treatment of aneurism, and proceed at once to speak of the surgical operation for its cure.

Of the Cure of Aneurisms.

Aneurisms sometimes undergo a spontaneous cure. This is a circumstance which you should bear in mind, because in cases where they are so situated as not to admit of surgical relief, it is a consolation to the patient to know that these diseases now and then cure themselves. There are many examples of such a spontaneous cure: I have myself seen some, and many more are to be found in surgical and medical authors. There is a preparation before us, taken from a man in the other Hospital, who had an aneurism, situated just below the groin, which underwent a spontaneous cure. He was sitting before the fire in one of the wards of the hospital, when he felt something burst in the upper part of his thigh. On examination he found no blood had issued out, and in fact the aneurism had not yet reached the skin so as to be adherent to it. His thigh was however enormously swollen; he was unable to use the limb, and was put to bed by the other patients. For three days after a pulsation was found in the aneurism; it then ceased, and the size of the limb began to diminish. At the end of four months the aneurismal swelling had considerably dimi-

nished, and he recovered the use of the limb. Six months after he first felt this sensation, and when he had been discharged from the hospital, I met him as I was walking across the square of the other hospital. I said to him, 'Why, Powell, you seem low-spirited; you ought to be cheerful, for you have had a very narrow escape.' 'Yes', said the man, 'I am pretty well, sir, except that I have something alive in my belly,' (a laugh). 'I hope you have,' said I, 'for it would be rather awkward if you had not.' On putting my hand on his abdomen, I felt a pulsating swelling there. This aneurism shortly afterwards burst into the abdomen, and the man died. On examination of the body, it was found that the aneurism in the thigh, just below Poupart's ligament, had burst under the fascia lata; a great accumulation of blood took place, which pressed upon the vessel, and the femoral artery was obliterated. Sir W. Blizard had a patient at Walworth, with popliteal aneurism, which was cured spontaneously. Mr. Ford mentions several cases; and Doctor Baillie met with two cases of carotid aneurism, which cured themselves. Mr. Frampton, the surgeon-general at Dublin, has given an account of a case in which the aneurism gradually wasted in the abdomen, and obliterated the aorta.

An account of a similar case has been given by M. Larrey, the French surgeon. An Irish gentleman, whose name does not at this moment occur to me, in passing through this metropolis, on his way to Paris, shewed me a preparation from a case of spontaneous cure of aneurism, in which the aorta was obliterated at the loins.

As the spontaneous cure of this disease, however, cannot be so far depended upon, as to prevent us from performing the operation in all situations where the artery is accessible, I shall proceed to describe to you the mode of performing the operation in the different parts of the body, confining myself in this evening's Lecture, to the operation on the femoral artery. As we are occasionally under the necessity of performing the operation as it used to be done thirty-five or forty years ago, I shall, in the first place say a few words on the old operation. The operation for popliteal aneurism used to be performed in the following manner. A tourniquet was placed on the limb, and the patient laid on his face. An incision was then made

in the ham to the extent of the aneurism, and the adhesive matter and coagulated blood removed from the excavation thus made. The aneurismal bag was then wiped out with a sponge, and the tourniquet was slightly loosened, in order to mark the orifice of the artery. The surgeon stood ready with a probe in his hand, and as soon as he saw the blood issue from the upper orifice, he passed it into the artery, and then seperating that portion of the artery from the remaining parts, put a ligature upon it. When he had done this, he again loosened the tourniquet, and as soon as he saw what appeared to be venous blood spring from the lower portion of the artery, (for the blood from the upper portion of the artery is florid, as arterial blood usually is, but in the lower portion it has the appearance of venous blood) he introduced the probe into the orifice, and put a ligature upon the artery as before. An operation like this, which exposed a very considerable surface, where the artery in the vicinity of the aneurism was diseased, and by which the bones were frequently injured from the ulcerative process taking place, necessarily led very frequently to fatal results; so frequently, indeed, that it was a disputed point among the profession whether it was better to amputate in cases of popliteal aneurism, or to perform this operation. A man who had recovered after the old operation for popliteal aneurism could, formerly, get money by showing himself at the hospitals; at present it would not be worth a man's while to beg in this way. It is to Mr. John Hunter that we are indebted for the great improvement which has taken place in this branch of Surgery. But for Mr. John Hunter we might still have had the same difficulties to encounter, and patients labouring under this disease might still have been exposed to the same danger.

Mr. Hunter being an excellent physiologist, and an admirable anatomist, applied the powers of his active and inquiring mind to this subject. He said 'I have frequently tied the femoral artery in animals, without injury; why should not I put a ligature on the artery, in the same way, in the human subject?'

It is right, however to observe, that Mr. Hunter was led to this train of thought by having under his care a case of popliteal aneurism, of such extent as to have reached the tendon of the tri-

ceps, so that there was no room for the application of a ligature between the aneurismal sac and the tendon. He determined, therefore, to make the experiment of tying the femoral artery, rather than amputate the limb. The first operation was not, as might be expected, performed in the very best manner. He was not content with a single ligature, but applied several, which were left hanging out of the wound, and which were afterwards discharged by a process of ulceration. Yet under all these disadvantages, the patient recovered, and lived rather more than twelve months after the operation. On dissection, it was found that the femoral artery was obliterated as far as the arteria profunda. Since Mr. Hunter's time several slight alterations have been made in the operation for popliteal aneurism, as every surgeon has his whim; but the principle established by Mr. Hunter remains the same, and that great surgeon has the undoubted merit of having substituted a simple and beautiful operation for one of very considerable difficulty and danger. I shall proceed to point out to you the several steps of the operation for tying the femoral artery in cases of popliteal aneurism. Mr. Hunter used to make the incision in the middle of the thigh, but experience has shewn that it is better to make it one-third of the space downwards, from the ilium to the internal condyle of the os femoris, because the artery is more deeply seated in the middle of the thigh, than it is higher up, and there are, besides, many anastomosing vessels in the former situation. There are four steps in this operation: first, an incision through the skin, which lays bare the sartorius muscle; secondly, the division of the inner edge of the sartorius, exposing the sheath of the femoral artery; thirdly, the incision through the sheath; and fourthly, the putting of the ligature round the vessel. I now make the incision, about 4 inches in length—[the learned professor proceeded to perform the operation on the dead subject] which completely exposes the sartorius muscle; I then separate its inner edge from the parts with which it is in contact; this lays bare the sheath, and I now find the femoral artery and the vein exposed. There is a little septum between the artery and the vein, which you should take care to observe. Introduce the aneurismal needle under the artery, taking care to disturb the parts as little as possible. Separate the cellular

membrane to the extent of about an inch; and take care not to include the saphenous nerve, which is a small branch of the anterior crural nerve, in the ligature. If the saphenous nerve should be taken up, you will ascertain it by the irritability which is immediately excited. Having brought the ligature under the vessel with the aneurismal needle, all that remains is, to tie it with what is called a surgeon's knot, which does not slip. In this consists the whole operation. If you should have seperated the artery from the sheath to any considerable extent, two ligatures will be necessary, which must be applied close to the cellular tissue; but if you should not have disturbed the artery, one ligature will be sufficient.

At the conclusion of the Lecture, Sir Astley, after wishing the class a merry Christmas and a happy new year, stated that he should not lecture on the following Wednesday, (Christmas-Eve,) or on the Wednesday in the ensuing week; but that he should be in town on Monday next, and he would leave it to the class to decide whether he should give a lecture next Monday, or resume the course on Monday se'nnight. As soon as Sir Astley retired, Mr. Gillam, who, as he afterwards informed the class, had been a pupil of this school, "*off and on*" for 29 years, was voted into the chair. This gentleman was evidently not in the habit of addressing public assemblies, but as soon as he had succeeded in putting the question, whether the class should adjourn to Monday, or Monday se'nnight, it was carried by a large majority that they should adjourn to the latter period. An attempt was subsequently made to cheer Mr. Gillam, for the ability which he had displayed in presiding on this occasion.

MEDICO CHIRURGICAL SOCIETY.

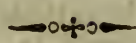
At the meeting of this society, held on Tuesday, after the routine business was concluded, an interesting paper on the Imperforate Anus, by Mr. Copeland Hutchinson, was read, in which the manner of performing the operation for the relief of this mal-conformation, and the subsequent treatment necessary to be observed, together with four cases in which Mr. H. performed it, were given at some

length. Mr. H. says, that when the operation for imperforate anus is to be performed, the child should be placed on the table with the nates towards the operator, and the legs and thighs drawn up against the body, as is done in the lateral operation for stone; that the operator, before he begins, should titillate the part where the anus is usually situated, in order to produce a bearing down of the gut. Mr. H. goes on to describe the operation: the surgeon is to make an incision with a double edged scalpel in the course of the raphe, about an inch and half long, and as much in depth; the operator is then to put his finger to the bottom of the wound, and endeavour to feel (if he can) the cul de sac of the intestines; a middle sized trocar, inclosed in a canula, is to be introduced into the wound, and carried upwards and backwards; the instrument is to be withdrawn, excepting the canula, which is to be kept in, to allow of an exit for the fæces; this must be secured by tapes in its proper situation, great care being taken when the napkins are removed by the nurse, that it is not disturbed; after the canula has been kept in for a week, a gum-elastic tube may be substituted for it; and lastly, when the tube can be dispensed with, a sponge tent, or piece of bougie, is to be worn 12 out of the 24 hours, to prevent any contraction of the parts. The time at which the operation should be performed is from 24 to 72 hours after birth; even at a later period than this Mr. H. would not hesitate to perform it. It is desirable that, at the time of the operation, the rectum should be distended with meconium, and for this purpose a little castor oil might be previously given. In female children a catheter introduced into the vagina will be of some assistance to the operator. If the result of this operation should be unsuccessful, Mr. H. states that he would immediately perform the other, if the friends of the child were agreeable, viz. cut down on the caput cœcum coli; this he has never yet had occasion to do.

A conversation took place on this paper, in the course of which Mr. Stanley stated that he had seen other operations for imperforate anus performed four times, all of which however had turned out unfavourably.

A paper by Dr. Bostock, on the connexion between the senses of smell and taste, was also read to the society.

HOSPITAL REPORTS.



GUY'S HOSPITAL.

John F., aged 25, from Henley-on-Thames, Oxon, was admitted here, November 19th, under the care of Sir Astley Cooper.

He states that two years since, the 25th of last September, when loading a barge at Queenhithe Wharf, Thames-street, a cask of sugar fell from the crane, and came in violent contact against his loins. The shock was so great that it occasioned insensibility for some hours; after having been bled, he recovered his mental faculties, together with his bodily strength, and was enabled to assist in working the barge to Henley, where he arrived in about a week after the accident. Suffered little from the injury during the voyage; but the day after his arrival, he was attacked by severe pain in the loins, and was likewise incapable of voiding his urine. He applied to Mr. Young, a Surgeon at Henley, who, after some difficulty, succeeded in passing a catheter; he says that its introduction was attended with very acute pain, and considerable bleeding—the retention continuing, he learnt the manner of using the instrument, and regularly introduced it himself, until the following April, when becoming much worse, he went under the care of Mr. Brooks, of Henley. At this time he had violent pains about the lumbar vertebræ, and in the perineum; his testicles painful, if pressed, but were not swoln; blisters were applied to the perineum and loins; into the latter were also introduced issues and setons, and he was repeatedly cupped; all these means failed to procure relief, with the exception of cupping, and the benefit derived from this was but temporary. Continued under the care of Mr. Brooks until last April, at which time he applied to another surgeon at Henley. This Gentleman, it appears, adopted similar methods to those previously employed, and with as little advantage.

From the time that he first applied to Mr. Brooks, to the present period (Dec. 1st), has suffered much from violent pricking sensations in his fingers and toes. Says that he is not more than half the size that he was before the accident occurred; is very weak, possessing scarcely any muscular power;—pain still severe in the loins, inclining to the right side;—bowels generally confined;—motions well charged with bile;—appetite defective;—body continues wasting;—his testicles (if he ever had any) have been absorbed, as scarcely a vestige of either remains—a small substance somewhat resembling the epididymis may still be felt, but the body of each testicle is quite gone. Spermatic chord perfectly natural;—says that his testes were of ordinary magnitude previous to the accident, but from which time they have continued to diminish.

It is a curious circumstance, connected with this young man, that he has no beard. Indeed, there is no more appearance of

hair upon his chin, than upon the face of an infant.

Dec. 3. Has taken no medicine since his admission. Sir A. Cooper now ordered him the following:—

R. Pulv: Lyttæ gr. ¼
Terebinthinæ Chiæ gr. v.
Fiat pil:—ter in die sumend.

Dec. 8. Considerable pain in the perineum, and frequent desire to discharge the contents of the bladder; continues to introduce the catheter. This operation is now attended with a burning sensation in the urethra; ordered to take but two pills;—bowels confined;—pulse 110;—tongue clean;—incessant thirst.

Dec. 11 No alteration.

Dec. 15. Last night at eight o'clock, urine passed of its own accord, after the daily introduction of the catheter for two years and a quarter. For three or four hours before its discharge took place, he suffered much from very severe pain in the perineum, loins, and across the abdomen. To-day is tolerably easy, but this morning was again obliged to use the catheter.

Dec. 16. The same as yesterday,

Dec. 17. Has discontinued the use of the catheter. Now makes water in a perfectly natural manner. Pain in the loins still severe, but is much less in the perineum. Pricking sensation of the fingers and toes no longer exists.

Dec. 19. No alteration.

Dec. 21. Very acute pain in the loins. Bowels confined. Less thirst. No appetite. Has not passed the catheter since the 17th. Continues to expel his urine as though in perfect health.

Popliteal Aneurism.

Thomas M.*, aged 40, labourer, was admitted into Accident Ward, Aug. 29, 1823, under the care of Sir Astley Cooper, with popliteal aneurism of the right side, for which he was operated on by that surgeon the following day, Aug. 30th. At the time of his admission the right leg, foot, and thigh were extremely swollen; but of the natural appearance, except in the ham where there was a discoloration of the skin, it being slightly black. Soon after the operation the swelling of the leg and thigh went down, but the foot continued swollen till about three weeks after that time, when mortification of the (right) foot came on, which made considerable progress, and in ten weeks from the operation the foot was removed by Sir Astley just above the ancle; that is, the bones of the leg were merely sawed through, as they had been laid quite bare by the progress of the complaint, and since that period the limb has been gradually getting to its present state.

Condition of the limb.—The lower part of the tibia projects about three inches, and is quite uncovered; the fibula projects

This is the case of Popliteal Aneurism, alluded to by Sir A. Cooper in the Lancet, No. 9, p. 294.

to the same extent, but the outer edge of this bone is laid bare two-thirds of the way up the leg, and may be easily moved. On the outer part of the leg, and extending a little way behind to the same extent, is a large wound which is covered by very healthy looking granulations, from which proceeds a little purulent discharge; the inner and fore part of the leg are sound, excepting for about an inch and a half towards the lower part round the tibia, where there is a similar appearance to that on the outside of the limb; the edges of the wound are white. The limb itself is painful, but not so much as it was; it is placed in a flexed position on a pillow, resting on the outside; it is enveloped with some simple dressing spread on lint; round this some tow is put, and lastly the part of the pillow on which the limb rests is covered with oil silk; the clothes are kept from the limb by means of a fracture cradle. The applications are renewed once a day. † There is a swelling in the ham, and inner part of the lower third of the thigh; it is however much smaller and less hard than it was.

General Health.—The patient is much reduced in size, being formerly stout; of a strong constitution, never in the habit of taking spirits, but used occasionally to drink freely of porter; countenance pale; pupil a little dilated; tongue of a bright red colour, moist; thirsty, particularly within the last fortnight; appetite very good; bowels open once a day; slight cough, and expectorates a little mucus; urine natural; pulse quick and full, 120; can take a full inspiration without pain; respiration natural; no pain on pressure in any part of the abdomen; rest good; takes no medicine; is allowed a pint of porter, and about four ounces of animal food a day.

Very little alteration has taken place in the elephantiasis and sloughing pudendum cases since last week.

The accidents admitted since our last, are an injury to the wrist, a laceration of the scalp, and a fracture of the fibula.

No operations have been performed here this week.

† The time at which the limb is generally dressed is 11 a. m., when any one may have an opportunity of seeing it.

ST. THOMAS'S HOSPITAL.

Dec. 24th.

The case of burn, mentioned in our last, was examined. There was found effusion of serum, between the membranes, and into the ventricles of the brain. The bronchiæ were also very much inflamed, and full of thin mucus.

Nose Case.

The place in the forehead from which the skin was removed, for the purpose of making the new nose, is nearly well; and the man himself is in *statu quo* as before the operation, excepting at the upper part of the nose, where there is a small piece of new skin.

The accidents that have been admitted here this week, are a fractured tibia and fibula, compound fracture of the humerus, fractured rib, and injury to the hand.

No operations have been performed here this week.

MIDDLESEX HOSPITAL.

Continuation of the Case of Martha Hollwell, p. 411.

Dec. 19. Pulse 104, and fuller; tongue clean and moist, and skin natural; bowels regular. A counter opening has been formed by nature, at the posterior part of the thigh, just above the popliteal cavity. A good deal of healthy pus has been discharged by this channel, together with one of the slugs.—Granulations springing up in the wound, which continues its healthy aspect. The same medicines repeated.

20. Nearly the same as yesterday. After a tolerable night's rest.—Pulse 112; skin rather dry.

R. Tinct. Cinchonæ, dr. j.
Confect. Aromat. scr. j.
Decoct. Cinchonæ, oz. iss.
Liq. Ammon. acet. dr. ii. Ft. haustus 4tis horis.

21. Pulse 98, small and weak; has passed a good night; wound looks well.

22. Pulse 112, and fuller; tongue clean; skin moist, and bowels regular. The remaining two slugs, together with a portion of bone, have been removed through the counter opening. The wound looks healthy. The quality of the pus improved, and its quantity diminished. The same medicine continued, together with the wine, sago, &c.

23. Passed a tolerable night after 12 o'clock; prior to that hour was restless Pulse 120; tongue of a whitish colour, a little furred, but moist; skin natural, and bowels regular. The wound continues to improve in appearance. Medicines as before.

24. Pulse 92; stools natural; tongue clean; skin moist; wound looks well; granulations healthy, and good pus discharged from the counter opening.

Continue the same medicines.

Case of Cataract.

Charlotte Hill, ætat. 46. This woman came here from Hertfordshire, with cataracts in both her eyes. She is quite blind in the right eye, upon which it has been determined to make trial of an operation. The cataract is of an irregular spotted grey or pearl colour.

OPERATION.

It was intended to have broken the anterior part of the capsule of the lens, and afterwards a part of its substance.—For this purpose, a small couching needle curved towards the point was used. The purpose of the operation was in some degree frustrated by the following circumstance. In passing the point of the needle between the cataract and the iris, with the intention of

passing the point through the pupil from behind forwards, it struck into the hard substance of the cataract, which was carried forward by the needle, and displaced. Without doing more violence to the organ than was consistent with its safety, the original intention of the operation could not be further prosecuted; the operator, therefore, satisfied himself with turning round the cataract in its capsule, and breaking its snbstance, upon which the needle was withdrawn. —Pledgets of wetted lint to be kept constantly on the eyelids.

18. The eye is slightly inflamed and a spot of extravasated blood marks the conjunctiva.—A shred either of the capsule or substance of the lens projects into pupil, and time must be given to see how far this body will be absorbed before any further operation is performed.

Before the operation the lens adhered to the capsule, and was steady in the motions of the eye; it now vibrates in every motion of the eyelids, which is a proof sufficient of its present freedom from its former connexion. Six leeches were applied to the temple for the purpose of subduing the inflammation; and afterwards pledgets of linen dipped in cold water.

Dec. 24. Much the same as before the operation. Sight somewhat perceptible.

Dec. 23. A man admitted with simple fracture of the leg, the tibia only; laid in junks, and cold lotion applied. House medicine to evacuate the bowels.

24. There have been a few accidents admitted, but none worthy of notice. No operations have been performed this week. The boy with affection of the nervous system has been removed by his friends—his incapacity of speech still remain.

MAGENDIE's EXPERIMENTS ON THE BRAIN.

We call the attention of our readers to the following interesting papers, by M. Magendie, from the last number of his *Journal de Phisiologie*, which has just reached this country.

On the Functions of the Corpora Striata and Corpora Quadrigemina. By M. Magendie.

It has been shown in my former researches that an animal from which the hemispheres of the brain are removed, sets off running with a degree of alertness, which it did not appear to possess before the experiment. In this rapid movement it sometimes passes over obstacles which are in the way, but it does not appear to see them; the sense of hearing however does not lose its acuteness. In studying these phenomena again, I observed that it is not the loss of the mass of the hemispheres which puts these animals in this state of irresistible motion, but merely the loss of the corpora striata.

If, indeed, you remove from a young rabbit the two hemispheres, together with the corpus callosum and anterior lobes, but at the same time, avoid touching the

corpora striata, the motion forwards is not manifested; the animal nearly maintains its usual paces, modified indeed in a very evident manner by the pain and bleeding. Its course is not changed even if the grey matter is taken away, which gives to the corpora striata the shape of a curved segment of a cone. I have several times removed this substance from the living animal, so as to expose the white fibres which are seen radiating from the thalami optici, and spreading themselves over the hemispheres; and no apparent change has taken place in their movements. This fact is of importance, as relates to the assertion of certain persons, who attribute the origin of motion to the grey substance, whilst the white is by them regarded as the origin of sensation; an assertion which has moreover been proved to be incorrect, by the researches in comparative anatomy, of M. Desmoulins.

The circumstance, however, which does not take place on the removal of the grey substance, never fails to happen when the white is taken away: the instant you begin to touch this last, the animal shews signs of uneasiness, & endeavours to make its escape; the removal, however, of one of the two corpora striata leaves it still master of its movements; it proceeds in different directions, and stops whenever it chooses: but as soon as the two corpora striata are separated by a vertical section from the thalamus opticus, the animal rushes forwards, and sets off as if pushed by an irresistible power.

This phenomenon happened before me, without my knowing the cause, in a case which deserves to be related.

In the course that I have given this winter on the action of medicinal substances, I placed into the ventricles* of the brain a few grains of emetic powder, and by accident the substance came more particularly in contact with the corpora striata. After the emetic tartar had been there about a quarter of an hour, all the assistants and myself were not a little surprised to see the animals spring forward, and run with wonderful alertness. It is impossible to say how many conjectures occurred to our minds without hitting on the right one; but on repeating this experiment, and seeing that the corpora striata were a little destroyed by the chemical action of the emetic, I discovered the real cause of the phenomenon.

Thus the soundness of the corpora striata in their white part is connected with the direction of motion and volition.

I have mentioned in the paper quoted above, that the removal of the thalami optici causes greater disturbance than the taking away the corpora striata does, for the animals lose all movement forwards, and even the power of standing; and these affections, already very serious, were increased by the removal of the corpora quadrigemina. Some recent experiments give me an opportunity at present of modifying this result.

* The greater part of my experiments have been directed, this year, to the effects which result from the direct application of medicinal substances to different parts of the brain. The results at which I have arrived have been recorded by several persons who attended my course: I shall publish them without delay.

It is very true that in making a vertical section behind the thalami optici, of about the thickness of the medullary matter, the effects that have been stated are produced; it is certain also that by cutting in the same way behind the corpora quadrigemina, the limbs previously separated, approach, and cross each other: but these different phenomena only occur when the bed of medullary matter, covering the face of the cranium, is touched. If the section is limited so as to touch but half of the thickness of the medulla oblongata, the effects above stated are not developed. I have seen rabbits, from which I had removed the grey matter of the corpora striata, the superior half of the optic beds, and the four corpora quadrigemina, run about and direct their motions as they please. But I had not interfered with the white fibrous substance, which radiated from the corpora pyramidalia to the hemispheres. It would appear that it is particularly in this part of the brain that the properties relative to motion reside. I believe moreover I have proved that the sensibility is less acute in that part, than in the medullary matter which is placed above it; and that the distinction of the two properties which is apparent in the spinal marrow, would also remain in the medulla oblongata.

I have performed experiments which appear to throw some light on the functions of the corpora quadrigemina, particularly the anterior.

I have shown for a long time past in my lectures on experimental physiology, that a wound of the anterior corpora quadrigemina in birds produces loss of vision. I make the experiment in a very simple way: with the point of a large pin, I succeeded in wounding, through the parietes of the skull, the corpora quadrigemina in the cavity at the base of the cranium which they occupy. The wound of one of the bodies impairs the vision, but I have never been able satisfactorily to determine if an injury of one side affects the opposite one; that is if a wound of the right corpus quadrigeminum produces the loss of the left or right eye.

In order to ascertain it, Mons. M. has injured the eye of a bird, and twenty or thirty hours afterwards has found that the injury had affected not only the nerve of the eye on which the experiment had been tried, but the corpus quadrigeminum of the opposite side; this Mr. M. has frequently observed; but, in mammiferous animals and man the effects of the injury seldom or ever extended beyond the nerve of the eye on which the experiment had been performed.

History of a Case of Hydrophobia, treated at the Hotel Dieu at Paris, by an injection of water into the veins.

By R. Magendie.
(October, 1823.)

On the 15th of this month I was invited by R. Caillard, the resident physician at the Hotel Dieu, to go immediately to that Hospital, to give my opinion on the case of a man who had just arrived in the last stage of hydrophobia. I went at one

o'clock. Several pupils of the Hospital whom I met, told me that there was not a moment to lose, if I wished to see the patient alive When I arrived, I found the patient placed in an isolated room, restrained by a strait waistcoat, and agitated by the most furious transports; on approaching his bed, I found that he exhibited all the symptoms of hydrophobic mania; the eye menacing, but not injected; the most violent cries and efforts* to get rid of the straps which held him down; alteration of the voice, thickened saliva, biting at the substances which were presented to his mouth, and at intervals a return to a tranquil state. At these intervals, which lasted a very short time, he understood the reasons and the consolations which were addressed to him, but he soon relapsed into a state of fury. The sight of a looking-glass, or of any liquid excited the most violent agitation. In the morning he had swallowed a few drops of liquid, but when I saw him, a spoonful of water which was poured within his lips produced dreadful convulsions in the muscles of the pharynx, and he spat it out violently upon the assistants. The slightest noise, even the mere contact of the fingers with his hair, produced convulsions of incredible violence. His body bent and unbent itself alternately with an energy which it was difficult to account for. His pulse beat more than 150 strokes in a minute, and his respiration was interrupted.—

* In these attempts he had torn with his teeth a part of the strait waistcoat which he was able to reach.

From all these symptoms, there could be no doubt as to the existence of hydrophobia; it was evident that the patient was on the point of death.

I inquired whether the man had been bitten; and was told that his relations knew nothing about such a circumstance. It appeared that the patient had been in low spirits for some time, because he had not strength enough to continue his business as a journeyman baker; that his melancholy had increased since the receipt of a letter from a woman to whom he was passionately attached; that two weeks before he had tried to drown his cares by excessive drinking, which lasted several days, and that the consequence of his excess was a copious bleeding from the nose, for which he consulted a physician, who considered his case to be a congestion of the brain; and ordered thirty leeches to be applied, after having bled him from the arm three times. Notwithstanding this treatment, the patient was seized with several paroxysms of fury, in which he threatened all who were near him, and swallowed liquids with difficulty. His relations finding that his disorder increased, and not being able to restrain him, brought him to the Hotel Dieu in the night. I learnt also that the patient had been copiously bled in the foot at the hospital that morning without any abatement of the paroxysms, which followed each other more rapidly, and increased greatly in violence.

The greater part of this information coincided with the ex-

istence of hydrophobia; I requested a dog to be brought, in order to inoculate it with the saliva of the patient, and repeat an experiment which I had formerly made at the Hotel Dieu, in concert with M. Breschet*.

In the mean time the case was of the most urgent nature, and it was evident to all preseut that the patient would very soon sink under the violence of the disease. Already a cold sweat covered his forehead, and breast, and his pulse could scarcely be counted. It became necessary, therefore to take decided measures.

I recollected the results of the experiments which I have recorded in the first volume of this Journal, and in which I had seen the phenomena of hydrophobia cease in dogs, by the injection of warm water into the veins; I determined, therefore, to try this extreme measure.*

A small syringe for hydrocele, in a very indifferent condition, was brought to me; some water was heated to 30 degrees (Reaumur); I ordered the right arm of the patient to be seized, and I exposed it by making an incision in the sleeve of the strait waistcoat. I was immediately struck by several little wounds which appeared on the index, and a much larger size scar on the second bone of the metacarpus, which appeared to be the effect of a recent application of the cautery. The patient was not in a state to answer any question, and his friends not having been able to give me any information on this subject, I proceeded to open a vein in the fore-arm. This operation, generally so simple, was in this case rendered somewhat difficult, in consequence of the continual motion of the patient. However, five or six strong pupils having seized his arm, I succeeded in passing two threads under the vein, and made an opening in it which enabled me to introduce the mouth of the syringe. It was a quarter past one o'clock when I began to inject into the vein, the quantity of two pounds of water, at 30 deg. Reaumur, having replenished the syringe nine times.

Every time I injected a syringefull of water, I examined the patient to see whether it had produced any effect which might induce me to suspend the injection; but there was no particular change; he continued to vociferate, and to talk of his inevitable dissolution, &c.; I only stopped because I conceived that I had injected enough to produce a sensible effect. The injection was concluded at 40 minutes past one. I secured the vein above and below the wound. Already an unexpected degree of tranquillity was observed in the patient; his pulse was sensibly diminishing; it fell from 150 to 120; soon after to 100; and twenty minutes had scarcely elapsed before it fell to 80. At

*The inoculation did not take place, as we could not procure a sufficient quantity of saliva from the patient to perform it.

* If the case had not been of so pressing a nature, I should have considered it my duty to consult my learned brethren at the Hotel Dieu, and I should have confined myself to merely proposing the measure, which under the circumstances, I felt it necessary to resort to immediately.

this time we observed a phenomenon which no one had ventured to hope for: all the acute and violent symptoms disappeared, with a promptitude which astonished all who witnessed it; I felt at this moment the highest satisfaction which I have ever experienced.

The patient regained the use of his reason; his fury was succeeded by perfect tranquillity; his eyes recovered their natural expression; the convulsive motions ceased; and what is most extraordinary, he was able to drink without any difficulty a glass of water which was presented to him; in short, the state of the patient had undergone a complete change. Soon after, Caillard caused the strait waistcoat to be removed from the patient, who immediately asked permission to get up, and go down into the court to make water. It was thought for some time that the request was the effect of some remains of delirium, but he repeated it so often, and in so pressing a manner that M. Caillard at length consented to it, and was astonished to see the patient, supported by the pupils, walk calmly towards the door. When it was fonnd that he really wanted to make water, he was told that he had better do so in a corner of the room. A few minutes after, he passed about a pint of urine troubled, of a deep yellow colour, and so extremely fetid that it was necessary to carry it away immediately from the room.

At this time, which was an hour and a half after the injection, the patient asked for his relations, saw them, conversed with them on his affairs, and resumed his courage, and his hope.

The physical state of the patient at this time was very remarkable, and resembled nothing I have ever witnessed.—He had no fever; his pulse scarcely exceeded 80; but all the functions which support life, the contractions of the heart, respiration, &c. were performed with a quick tremor. If we touched any muscle, we felt it agitated by the same tremor; in short, the morbid phenomena in this patient, were as singular as the novelty of his condition.

In the evening of the 17th, he received the succours of religion. In the night he had hemorrhage of the large intestines; the blood came out in clots of nearly a cubic inch, and had the appearance of arterial blood; it was mixed with portions of well-formed fecal matter. A little pain in the abdomen followed this accident; but it was calmed by emollient clysters, and fomentations.

The patient was able to take some chicken broth. He continued to get better without interruption till the fifth day; on that day he complained of acute pains in the wrists, knees, and elbows. The left knee especially was swelled, and the elbow and wrist on the same side. Besides these inflammatory accidents, which had evidently no connection with the original disease, and probably rose with the method of treatment, the patient laboured under another complaint. On the morning that he was brought to the Hotel

Dieu, M. Caillaird judged it necessary to bleed him copiously in the foot. The bleeding was performed during the most violent state of the symptoms, and the motions of the patient had caused the points of two lancets to be broken in the inner side of the tibia. These extraneous bodies had excited a violent inflammation of the foot and of the posterior part of the leg, and there was every reason to believe that a large abscess had formed in this part.

These different local accidents contributed to threaten the life of the patient; in addition to these, involuntary vomiting of green matter supervened, the abdomen was painful to the touch towards the cœcum, and fever began to appear. Some person said incautiously before the patient that he had been bitten by a mad dog, and that an experiment had been made upon him. From that time his mind became sensibly affected; he despaired of obtaining a cure, and was constantly in apprehension that some person was coming to smother him. At length on the eighth day after the injection, no hope of a cure remained, and he died early on the ninth day. There was nothing particular in the manner of his death; he was sensible that his death was approaching, and he dozed a little before his dissolution.

The body was opened in the presence of a great number of practitioners and students.

Our attention was first directed to the local accidents which had evidently caused the death of the patient; we expected to find a large abscess in the posterior part of the right leg; and we did in fact find one occupying the space between the projection of the calf and the heel.

We then examined the swelled joints which had occasioned such severe pain to the patient, namely the knee, the elbow, and the wrist of the left side. We found all these joints filled with pus, and their synovia in a state of violent inflammation. The cartilages, as it often happens, did not participate in this inflammation.

We did not expect to find any severe lesion of the intestinal canal; there was no remarkable appearances in this part; nevertheless the hemorrhage by the anus, the pain felt by the patient which obliged us to have recourse to emollients, shewed that the digestive organs were not in a sound state, and accordingly we found the mucous membrane at the end of the small intestines red by the injection and expansion of its veins. This redness, though less strongly marked, reached as high as the jejunum. At the junction of the ilium with the cæcum there were a dozen little superficial and recent ulcerations. The largest were a quarter of an inch in length, and one-sixth in breadth; and the correspondiug mesenteric glands were but little swelled, without any alteration of their structure, a circumstance which proves that they were very recent. There was nothing remarkable in the large intestines from which the hemorrhage had certainly proceeded. The pharynx, œsophagus, and stomach presented nothing worthy of observation.

But a general phenomenon, which was very remarkable, was the decided state of putrefaction in which we found the blood. This fluid was everywhere liquid, and had furnished a great quantity of gas, which filled and distended the heart and large vessels, and had produced sub-peritoneal emphysema of the stomach and intestines. The lungs were sound, though a little swelled in their posterior part; the last bronchial divisions were red, but the trachea was souud.*

Nothing particular was observed in the nervous system. Some reddish serum was seen at the base of the cranium, and in the vertebral canal. The veins of the brain, and of the rachidian prolongation were filled with red liquid blood. The ganglions of the grand sympathetic were in a natural state. The little wounds and scar of the hand were also examined with the greatest care, and all the medical gentlemen present were struck with the resemblance of these wounds to bites, and of the scar to the effects of the recent application of the cautery.

It results from the history of this case, that a disease, which exhibited all the characters of hydrophobia, ceased by the introduction of a pint* of warm water into the veins; that the patient survived this introduction eight days; that no accident appeared to follow from it; and that the death of the patient appears to have been caused by a local disease, which was wholly unconnected with the hydrophobia, and the new mode of treatment.

The hope of succeeding in a means of curing hydrophobia, by the injecting of warm water into the veins, already founded on some experiments made upon animals, acquires, therefore, a fresh degree of probability. It is even possible, as some of my learned brethren of the Hotel Dieu think, that the same means may become a resource in certain extreme cases, in which the ordinary medical treatment is unavailing.

With a view of enabling practitioners of all countries to make experiments themselves, I shall publish in the next number what experience has taught me, with respect to the advantages or injurious effects of the injection of warm water into the circulating system.

* The rapid putrefaction of the blood, and the considerable developement of gas in the vessels, and heart, are almost always observed in the bodies of individuals and animals that have died of hydrophobia. In hot weather this appearance is very striking an hour after death. In this point of view, the excessively fœtid state of the urine passed by the patient after the injection, is worthy of observation.

* The pint of Paris contains 48 cubic inches.—Ed.

ON BATHING.

No. 4.

Warm Bathing.—As the beneficial effects of cold immersion have been attributed to the constringing properties of the medium employed, so by a similar kind of reasoning has it been in-

ferred, that Warm Bathing is a relaxing measure, by virtue of the "softening and moistening power" of the tepid water. The objections, however, which have already been urged against this reasoning, may apply, perhaps, with equal force in the present as in the former case; the softness and flexibility induced on the skin and muscles by the practice of immersion in the warm bath, being traceable more correctly to the influence of the process upon the circulation and secretions, than to any immediately mollifying agency upon the fibres. Warm water, however, expands, as cold contracts; and the bulk of a limb that has been immersed in it for some time, is actually increased; an effect which must either be occasioned by the expanding and exciting power of heat, or brought about by the reception of some portion of the fluid into the body: both, however, of these effects have been questioned, and even denied, as may be seen by the following extract:

"There is not the slightest evidence, "says Dr. Parr, "of the fluid penetrating beyond the surface; indeed the oily fluid below the skin must prevent it: the idea," continues Dr. Parr. "of a rarefaction of the blood from the increased temperature, is supported by all the appearance of external fulness. The language is echoed in every medical work, without careful examination. In fact, the blood is one of the least expansible fluids by heat that has ever been tried. Sauvages enclosed it in a thermometrical tube, and found that at 212 it did not expand $\frac{1}{200}$ part. Haller exposed it to a still greater heat, with a similar result."

The validity of the first of the above objections will briefly be inquired into in one of our subsequent numbers; and in reply to the latter it may be said, that although blood is thus in a great measure insusceptible of expansion from heat, that the secretions and exhalations from it may not be in like manner incapable of being transformed; and that the augmented bulk of a body or limb that has been immersed in hot water, may result in part from an increased secretion from the blood, occasioned by the application of warmth, and in part be occasioned by a degree of rarefaction affected upon these secretions themselves by the very power which excites their superabundance.

Warm Bathing, as well as cold immersion, is used for the purpose of excitation; but it will be perceived how different the kind of excitation is, which is produced by the one and the other expedient. In the reaction after Cold Bathing, there is not that sensible augmentation of bulk which the tepid immersion ensures; there is not that immediate increase from the emunctories which is the effect of the latter, when the temperature of the medium is carried up to any height; and there is, further, this very important distinction between the operation of cold and warm Bathing, that in the latter the stimulus is immediately supplied from without—is direct and unintervening; while in the former, on the contrary, the excitement is entered by the subduction rather than the application of exciting powers.

From the expanding effects of warm Bathing it seems necessarily to follow, that its employment must be objectionable, and indeed hazardous, in those conditions of the frame which are marked by plethoric fulness, and tendency to local congestion. True it is, that its influence upon the secretions, especially upon the production of sweat, serves in a degree to counteract its injurious tendency from the source now referred to; but this will not always be effected sufficiently early to prevent mischief: and, it may be here stated, by way of illustration, that in convulsions, cramp, and other disorders incident to children of a full habit, injury is not seldom done by immersion in hot water, (prior to the emptying of blood vessels, or otherwise reducing the frame,) under the feeling that there is a sort of abstract and specific virtue in the warm bath.

In apoplectic affections the same objection applies; and in hæmorrhage, warm bathing would appear to be decidedly contra-indicated. In those maladies, however, which result from hæmorrhage and fulness, connected with and frequently occasioned by weakness, it may often be employed with propriety and effect. "In cases of hemiplegia," says an author whom we have already quoted, "there have been many doubts respecting the use of the warm bath. These chiefly arise from the disease being often occasioned by effusions on the brain, which the necessary stimulus might increase; and many instances have been adduced of its producing in such cases a fatal apoplexy. Undoubtedly, where the marks of a determination to the head are strong; when the patient has not passed the meridian of life, or where the vessels have been stimulated by a continued excess of wine and spirituous liquors; warm bathing is a precarious remedy. In palsies in general, however, it may be allowed; and in hemiplegia, the effusion having once taken place, the disease is continued, in consequence of the injury which the nervous system has received from the compression. We may then disregard the cause, except in the younger and more inflammatory constitutions just described. It should, however, be managed with caution; a drain from the head should be established by a perpetual blister, and the bowels freely emptied previous to its employment."

In chronic rheumatism, which is a disorder somewhat allied to palsy, warm bathing is of generally-allowed utility; and in other articular affections, as well as in some cases of contracted limbs, the continued use of hot water, either in the way of immersion or forcible effusion, evinces occasionally high remedial efficacy. With respect to pulmonary ailments, much care and discrimination are requisite, in order to ensure the patient against the injurious tendency already noticed. In consumptive irritations, a judicious use of the warm bath often proves highly beneficial; but on the other hand, where there is a constitutional bias towards hæmorrhage from the lungs, assisted by disturbance prevailing in these organs, we must be cautious against the too free use of a measure which may become hurtful, by seconding as it were the hæmorrha

gic inclination. Warm bathing is an obvious experiment in cutaneous disorders of a chronic kind; and there are scarcely any of the eruptive affections that are unattended by fever, in which it has not been proposed and employed. These morbid conditions of the surface are, sometimes, manifestations of internal derangement; and at other times consist solely of indolent or irregular action in the superficial vessels, either of circulation or secretion; and in both cases, more especially in the latter, it is easy to conceive that a measure which excites these vessels into new or more vigorous actions, promises to prove remedial. When determinations, as they are called, from internal parts to the surface are demanded, warm bathing soothes, refreshes, and stimulates; thus proving that the practice, so far from being in the abstract, and in moderation, relaxant and weakening, is in fact the contrary. Indeed going into a warm bath when the body is heated, will frequently be followed by an immediate reduction of temperature, which is an effect that would not have been very readily anticipated. Dr. Currie has proposed an explanation of this circumstance, and suggests, whether in the *production* of sweat, heat may not be absorbed and lost to the sensations, by becoming latent in consequence of this latter fluid (the matter of perspiration) having a greater capacity for heat than the blood. This hypothesis is highly ingenious, but not perhaps quite satisfactory; its discussion however in the present article, would lead us into too wide a field. J. W.

APOTHECARIES' HALL.

The following Gentlemen underwent examination on Thursday last, and were admitted as Licentiates:—

THOMAS YOUNG—*Royal Infirmary, Edinburgh.*

GEORGE MOULSON GILLOTT—*South London Dispensary.*

NOTICE OF NEW FOREIGN WORKS.

Soon will be published, Fasciculus IV. *Tabularum Anatomico Pathologicarum,* Modos omnes quibus partium corporis humani omnium forma externa atque interna a norma recedit. exhientium. Auctore A. S. F. Meckel.

The following works have been just published.

The transactions of the Medico-Chirurgical Society of Edinburg. 8vo.

Part VI. of Planches Anato..... du corps humain, par la Docteur Antommarchi.

Part XVII. of Anatomie de l'Homme, ou description et figures Lithographiées de toutes les parties du corps humain, par Jules Cloquet, Docteur en Medicine.

Vol. VI. of the Leipsic edition of the Greek Classics.

The six volumes already published contain all the works of Galen.

Tractatus de Vulneribus pectoris penetrantibus. Auctore

Carolo Mayer, Augustissimi Imperatoris, et totius Rossiæ autocratoris Medico aulico, &c. Pars prima. Petropoli, 1823.

A Society has been lately formed at Geneva, called *La Societé de Traduction*, for the purpose of translating into French all foreign Surgical works of merit. The society already ranks among its Members, M.M. Maunoir, Mayor, Morin, Dussin, Olivet and Peschier. This last Gentleman is corresponding secretary, and all works for translation must be transmitted to Paschoud at Paris, through Bossange and Co. London, addressed to M. Peschier.

SHETCHES OF MEDICAL SPEAKERS. No 2. — Dr. Harrison, and an article on a recent Correspondence between Dr. Clark, of Edinburgh, and Professor Tommasini, of Rome, on the comparative advantages of the English and Italian systems of Medical education, will be given in our next.

The Title-page and Index to the first Volume of THE LANCET, will be ready for delivery in a few days.

CHESS PROBLEMS.

No. 7.

We observed in our last number, that the smothered mate given by the Knight is said to have been discovered by Damiano.— The first of the following problems is the position, as it is given in Damiano's treatise, illustrating the *scacco-matto affogato*, or smothered mate. Similar situations occur very frequently in play, and the amateur will judge for himself whether it is probable that the series of moves by which the mate is effected, was first discovered at the commencement of the sixteenth century.— In the later editions of Hoyle's games, this problem is called 'Philidor's legacy;' hence among the ordinary class of players, Philidor has obtained the credit of bequeathing to posterity a position which was published three centuries ago. Of Mr. Hoyle's pretensions to give instructions in the game of Chess, the following passage, which we cite from one of the editions, authenticated by the autograph of the author(1750), affords a pleasant specimen.

'Supposing your queen and another piece are attacked at the same time, and that by removing your queen you must lose your piece; in this case, if you can get two pieces in exchange for your queen, I would advise you rather to do it, than retire; for observe, 'tis the difference of three pieces, which is more than the worth of a queen; besides that you keep your game entire, and preserve your situation, which very often is better than a piece; *nay, rather than retire, I would give my queen for a piece and a pawn or two; nay, almost for what I can get!*'

The next problem affords a beautiful illustration of the smothered mate, differing materially from the *partito* of Damiano, and most of the positions which have been founded upon it. It may be necessary to apprize the student, that the mate is required to be given in six moves, on the supposition of the black protracting

it by the sacrifice of his queen for nothing; without this sacrifice the mate would be given in five moves.

The last is an original problem. The arrangement of the position is similar to that in Professor Wildt's problem, but the mate is required to be effected with fewer pieces, and in a less number of moves.

In compliance with the request of several Correspondents, we annex the solution of Problem II.

Cady will see the necessity of pausing before he finally decides.

We like rational incredulity, and we are aware that our *Legal Correspondent* is taught by the law, which is 'the perfection of reason,' to believe nothing in the absence of evidence. He will perceive, however, that we observe a maxim of his own profession, *Neminem cogimus ad impossibilia.*

We are flattered by *Danican's* polite communication; but we repeat that *The Lancet* is invisible.

We will answer X. Y. by telling him a story. When Foote set up his carriage for the second time, he took for his motto the word "*iterum.*" He lost his fortune, recovered it, and launched his carriage a third time. He then chose for his motto "*iterumque.*"

PROBLEM XIX.

The white is required to give check-mate to his adversary in five moves.

Position of the Pieces.

WHITE.

King at his rook's square.

Queen at adverse king's bishop's third square.

Knight at adverse queen's fourth square.

Pawn at the king's rook's second square.

BLACK.

King at his queen's knight's square.

Rook at queen's square.

Rook at king's rook's square.

Pawns at queen's rook's second and queen's knight's second squares.

XX.

The black having played his queen's bishop to his king's third square, the white is required to give checkmate in six moves at most.

Position of the Pieces.

WHITE.

King at his rook's square.

Queen at her bishop's fourth square.

Rook at queen's rook's square.

King's bishop at adverse king's rook's fourth square.

Queen's bishop at its square.

King's knight at king's bishop's third square.

Queen's knight at adverse queen's fourth square.

Pawns at king's rook's third, king's rook's second, king's fourth, adverse king's fourth, queen's bishop's second, queen's knight's second, and queen's rook's second squares.

BLACK.

King at his knight's square.

Queen at her square.

King's rook and queen's rook at their squares.

King's bishop at king's second square.

Queen's bishop at its square.

Knight at queen's bishop's third square.

Pawns at king's rook's second, king's knight's second, king's bi-

shop's third, queen's bishop's second, queen's bishop's fourth, queen's knight's second, and queen's rook's second squares.

XXI.

White to give checkmate with the pawn in six moves, without taking any of the adversary's pawns, and without losing either of his own pieces.

Position of the Pieces.

WHITE.

King at adverse queen's third square.

Queen at the king's rook's third square.

Rook at the queen's rook's third square.

Bishop at the queen's bishop's third square.

Pawn at the queen's knight's second square.

BLACK.

King at the queen's rook's second square.

Pawns at the queen's rook's third square, queen's rook's fourth square, and adverse queen's rook's fourth square, and at the queen's bishop's third square, queen's bishop's fourth square, and adverse queen's bishop's fourth square.

Solution of Problem II.

1. Rook to adverse king's fourth square.

2. Rook to adverse king's square, checking.

3. Knight to adverse queen's third square, checking.

4. Pawn one square, giving checkmate.

TABLE TALK.

Liberty of the Press.—The Royal Medical Society of Edinburgh, anxious either to protect their own rights, or to prevent any abuse of the liberty of the press, have actually presented a Bill of Suspension and Interdict—or in other words, applied for an *injunction*—to prevent Messrs. Oliver and Boyd, the printers, and Dr. Poole, the Editor of *The Edinburgh Phrenological Journal*, from publishing any report of *the Debate* on Phrenology which recently took place in Dr. Duncan's class-room in the University, and to which *strangers*, if not invited, were admitted. -- *Scotsman.*

Musical Phenomenon.—Paris at this moment possesses a real phenomenon, in a young Hungarian, aged eleven years, named Leist. This child already displays talents of the first order as a pianist; but the execution of young Leist is not only distinguished for rapidity of fingering, which is what is admired in a number of performers; he unites to a perfection of lightness and firmness of hand, an expression which has been wanting in other performers, whose reputation is, nevertheless, very high. This, however, is what is least astonishing in the talents of this extraordinary child. He composes in the style of the greatest masters, and he improves on lessons given him with a facility so much the more marvellous as the force and grace of ideas never fail him. Since Mozart, who astonished several Courts of Europe at the age of eight years, the musical world has certainly witnessed

nothing so surprising as young Leist. We must not forget to notice a characteristic feature, which completes his fame as a real prodigy, which is, that having only recently begun to learn the French language, he already expresses himself in it with a distinctness and sometimes with an elegance which would do credit to many youths of 16 or 18 years of age.—*Paris Paper.*

HYDROPHOBIA. — A melancholy occurrence, arising from this appalling disease, has just taken place in this county. On the evening of Wednesday week, Joseph Dunning, a young man, servant to Mr. Hassall, of Alpraham-green, after performing his usual day's labour, complained of indisposition, and retired to bed. His illness continuing the whole of the next day with increased violence, a surgeon was sent for at about two o'clock on Friday morning, who, on entering his room, discovered that the sick man was unusually affected by the sight of the water with which his (the surgeon's) upper garments were saturated. This suggested to the surgeon the true character of his patient's disorder; and on presenting to him a glass of water, he was unequivocally assured that the distemper was hydrophobia. All medical applications were now useless; the young man remained in a state which we shall decline attempting to describe, till Friday forenoon, when he expired. It has been ascertained that about two months before the young man had been bitten in the hand by a strange terrier dog in the neighborhood, but what afterwards became of the animal is not known. —*Chester Courant.*

HYDROPHOBIA—On Saturday last Mr. Kendel, a respectable dairy-man, residing in Little St. James's-street, was severely bit in the finger by a dog of his, with which he was playing.—In the course of the day, some suspicions arose that the animal was affected with hydrophobia, and Mr. Kendel had it sent to St. George's Hospital for dissection, in order to ascertain the fact, when it was unfortunately discovered that the suspicions were but too well founded. An immediate operation was performed on Mr. Kendel's finger, the part cut out, and the wound cauterized; and as no symptoms of a suspicious nature have appeared, it is hoped that the precaution will have its effect.—There being strong reason to believe that several dogs in the parish of St. James had been bitten by Mr. Kendel's dog, Mr. Cater, one of the churchwardens, applied to the Magistrates at Marlborough-street office, for authority to compel all persons having dogs within the parish to keep them tied up for a certain number of days. The Magistrates said, that they could give no authority to compel people to do so, but they should direct a notice to be issued from the office, and posted about the parish, recommending all persons having dogs to tie them up for a certain time.—*Times.*

On Tuesday forenoon a very serious accident occurred at the weaving factory at Dalmarnock. A young woman, while in the act of combing her hair, had the end of it caught by a shaft turning furiously round; the

whole head was instantaneously uncovered, and the skin and hairy scalp turned round with the machinery; the skin covering the brow, eyelids, ears, and cheek bones was also torn off; the poor girl screamed, and Mr. John M'Arthur, tenter-master, who was on the flat below, with the greatest presence of mind, instead of running to see what was the cause of the outcry, instantly stopped the engine. The poor girl, however, was never off her feet. Mr. James Smith, surgeon, in Bridgeton, was instantly sent for: in the meantime Mr. M'Arthur put the scalp and covering of the upper part of the face into a drawer. On the arrival of the surgeon, about twenty minutes after the accident, Mr. Smith replaced the scalp and the other torn portions, and dressed the head. Under the superintendance of Mr. M'Arthur, the greatest good order was preserved, and the surgeon was thereby enabled to proceed as regularly as if he had been in an hospital. The greatest attention was paid to the unfortunate sufferer, and she was subsequently sent to the Royal Infirmary. Last night (Wednesday) she was calm, and perhaps much better than might have been expected. The head has not been undressed yet; but the edges of the wound on the face, ears, eyes, and neck, have become swollen slightly and inflamed; indicating, it is presumable, its adhering or growing together. There is a probability that the whole scalp will adhere. Between eight and nine years ago, a similar accident occurred to a person of the name of Devon. She however had the scalp buried; and remained in the hospital upwards of twelve months. Since that time she has been married and lives at present in Bridgeton.—*Glasgow Chronicle.*

TO CORRESPONDENTS.

We have received several letters from Students belonging to the class of Mr. Charles Bell, complaining of the noisy and childish behaviour of some of the pupils during lecture; so great has been the annoyance, that Mr. Bell, twice in the last week, was obliged to address the gentlemen on the subject. If this interruption should be repeated, Mr. Bell, in justice to his *intelligent* hearers, is called upon to take the most decisive measures to abate what has now become an intolerable nuisance. The Student who can be inattentive to a lecture delivered by Mr. Charles Bell, can have but little regard for either his professional character, or intellectual improvement.

If X. X. will send to the Publisher's, he will find a parcel left for him.—In reply to his last observation, we would only say "*Macte tuâ virtutè.*"

We have to thank a host of Correspondents for communications, of which want of space prevents us, for the present, of availing ourselves.

END OF VOL. I.

ST. THOMAS'S AND GUY'S HOSPITALS ANNIVERSARY DINNER.

The Practitioners who have been educated at St. Thomas's and Guy's Hospitals, and the Gentlemen now attending those Institutions, will Dine together on Thursday, the 8th of January next, at the Freemason's Tavern, Great Queen-street, Lincoln's Inn-fields.

BENJAMIN TRAVERS, Esq. F. R. S. in the Chair.

Stewards.

Dr. Roots.	Dr. Bright.
Frederick Tyrrell, Esq.	Robert Kent, Esq.
John F. South, Esq.	William Gaitskell, Esq.
George Browne, Esq.	S. H. Sterry, Esq.
J. A. Gillham, Esq.	John Prior, Esq.
Tobias Brown, Esq.	James Patty, Esq.

Dinner on Table at Six o'Clock precisely.—Tickets, One Guinea each, to be had, on or before Saturday, the 3rd of January, at the Bar of the Tavern; and Laundy's, St. Thomas's-street.

ROYAL INSTITUTION, ALBEMARLE-STREET, DEC. 23, 1823

THE Members and Subscribers are informed, that the LECTURES will COMMENCE on Saturday, the 7th of February next, at two o'clock, and that the following arrangements for the ensuing season have already been made:

On ELECTRICITY and MAGNETISM, by WM. THOS. BRANDE, Esq. Sec. R. S. Lond. and F. R. S. Edin., Professor of Chemistry to the Royal Institution; to commence on Saturday, the 7th of February, at Two o'clock, and be regularly continued on each succeeding Saturday, at the same hour till further notice.

On the LEADING SUBJECTS of MECHANICAL PHILOSOPHY and their Recent Improvements, particularly OPTICS and HYDRAULICS, by JOHN MILLINGTON, Esq. F. L. S. Sec. Astron. Society, Professor of Mechanics to the Royal Institution; to commence on Thursday, the 12th of February. at Two o'clock, and to be regularly continued each succeeding Thursday, at the same hour, till further notice.

On BOTANY, with the PRINCIPLES of VEGETABLE PHYSIOLOGY, by JOHN FROST, Esq. Prof. of Botany to the Medico-Botanical Society of London; to commence after Easter.

On PLANE GEOMETRY, by JOHN WALKER, Esq. formerly Fellow of Trinity College, Dublin, and M. R. I. A.; to commence after Easter.

On MUSIC, by WM. CROTCH, Mus. D. Professor of Music in the University of Oxford; to commence after Easter.

THOMAS HARRISON, Secretary.

Just published, by S. HIGHLEY, 174, Fleet-street.

LIZARS ANATOMICAL PLATES. Part 3 containing ten folio plates beautifully engraved, representing the blood-vessels and nerves of the upper extremity, section of the Male Pelvis, exhibiting the Viscera, with the Blood vessels and Nerves, and the Blood-vessels and Nerves of the Lower Extremity, with descriptive letter-press, in 8vo. price 10s. 6d. plain.—1l. 1s. coloured.

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